

February 1964

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Recommended Citation

Curtis, Lon E. (1964) "Respect is a Two Way Street," *The Linacre Quarterly*: Vol. 31: No. 1, Article 4.
Available at: <http://epublications.marquette.edu/lnq/vol31/iss1/4>

RESPECT IS A TWO WAY STREET

LON E. CURTIS, M.D.

Throughout the country—in small community hospitals and large university centers there is a nursing shortage. Attempts to alleviate this situation have touched on educational problems, housing facilities, financial remuneration, and better working conditions. Little, however, has been said about the basic doctor-nurse relationship, which may well be the important factor in the mind of a young woman choosing a career. In the matter of personal relations, every physician has a duty to see that those nurses with whom he may come in contact are given the respect of a professional person rather than the disdain of "hired help."

It does not take much recollection to remember the last time one blamed a nurse for a patient's discomfort. Often this reaches the point of absurdity in condemning the nurse for poor room ventilation, poor meals, missing supplies and non-functional plumbing. Too often, in addition, if a patient is doing badly, a sense of guilt on the part of the physician is often translated into the inadequacy of the present nursing situation.

The gray-haired senior physician delivering a tongue-lashing to the student nurse is the epitome of lack of respect for a profession without whose help most physicians would not be able to heal the sick. Conversely, it is seldom, if ever, that a nurse vocalizes her thoughts to the doctor who is al-

ways late, whose handwriting is illegible, and who has no consideration for the orderly function of a hospital ward.

Let us consider a few specific examples in the various phases of nursing where even a minimum of respect and consideration will reap vast dividends in return as well as improved patient care. Most nursing services are divided into administration and education, ward nursing, operating room nursing and student nursing. Nursing administration is often blamed and sometimes rightly so for any break down in patient care throughout the hospital. Too often, however, unnecessary stress put on this department by the inconsiderate doctor is the true reason for administrative malfunction. Some thought given to the scheduling of patients for admission and for certain procedures can avoid the costly delay of waiting for x-ray examination, laboratory reports, or operating room space. It also eliminates the pleading and cajoling for that "special room" for the "special patient." Anticipation of the need for a special duty nurse some days in advance does away with the need for frantic telephone calls from the operating room in a last moment attempt to secure the suddenly necessary person. Finally when blame is properly due, a quiet talk with the head of the nursing department rather than a tart reprimand of some irresponsible subordinate is more effective and distinctly more considerate.

The ward nurse is often the most harried person in the hospital. Administration may have supplied her with inadequate help for the floor, yet she receives criticism from both doctor and

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patient. Every physician wants to make rounds on his patients accompanied by the ward nurse. Every doctor wants to see that his patients receive medication and care promptly, yet how many doctors will call the ward nurse away from the care of patients who are not his in order that she may make rounds with him. She is responsible for many needs in the patients' daily care, but not for everything in the environment that surrounds them. Complaints about paint falling from the ceiling or eggs that are improperly cooked should be reported to the proper department rather than to the ward nurse who is frantically searching for a stethoscope that some other doctor has carried off with him. With a little soul-searching I am sure that we will all find that the respect that the ward nurse accords the doctor is more than commensurate with that which he gives to her in return.

I have often felt that the operating room nurse is perhaps the most abused person in the hospital. The days of the great shouting, profane operating surgeon, "Sir Lancelot" who flings his knife against the wall shouting sarcastically, "Nurse, how do you expect me to operate with this jam spreader" are gone forever. For some reason when many surgeons get into scrub suits they carry the stories and language of the country club locker room into the operating room. The inadequacy of the surgeon is often masked by a sudden demand for the "double overhanging four blade retractor" which hasn't been used for twenty years. Sudden demands for several types and sizes of suture material increase cost to the patient and lessen respect for the surgeon. Attempts to stop bleeding with a four letter word do not add to respect either. The greatest craftsman that we know in operative surgery uses four types of instru-

ments, two types of suture material and never utters a word in the operating room. This may be one end of the spectrum. However, the other end is vastly over-weight with amateur comedians, shouting tyrants and profane inadequates. It is best to remember that the operating room in most hospitals is no longer an operating theatre.

Finally, the student nurse should perhaps be first on our list for respect. She is young, usually innocent, and sometimes beautiful. She is entering a profession for the care of the sick; she is the female counterpart of the physician in the patients' care. She will not have the blessing of a college degree, yet she will be a professional person. In a few short years she will have to learn to make beds, give enemas, mop up vomitus, change purulent dressings, attend the dying, and care for the newborn. This is much to ask of the girl of eighteen or twenty years, perhaps the same age as your own daughter. Hers is a deserved and well earned respect and if she receives it in her youth, she will remember it throughout her nursing career.

Of what does this respect for nurses consist? It means kindness, gratitude and education. Kindness is usually indicated by consideration and recognition. The sweetest sound to the ear is hearing one's name spoken. A little effort to remember "Miss Johnson" rather than the impersonal "nurse" or the derogatory "girl" is recognition remembered throughout the day. One famous thoracic surgeon we know calls all of the nurses "little sister" and they love it whether they are eighteen or sixty-eight. A "Thanks for your help" to administration, the ward nurse, scrub nurse, or the student is small repayment for their assistance, yet measures large on the index of respect. The demanding physician will always find his requests met more quickly and his

patients better cared for if he remembers this little note of thanks.

Finally, every doctor must be an educator. He may not be a university professor, yet in his own community he is the learned man. A little time devoted to explaining the details concerning a particular medication or treatment increases the nurse's interest in seeing the job done, and the doctor's stature is greatly enhanced. Student nurses are particularly grateful. Since most of

their teaching comes from nursing instructors a word from the doctor is well received.

Many of you reading this article will snort and say "Ridiculous! Nurses aren't what they used to be; they don't give the patients the care anymore—they just want to put in their time and leave. Why, they don't even respect the doctor."

Respect is a two way street.

THE GOOD SAMARITAN LAW

At a recent meeting of the Queens County Catholic Physicians' Guild, New York, and Queens County Lawyers' Forum, the Good Samaritan Law was discussed. A panel represented the legal and medical professions and was moderated by Reverend Michael Brennan, C.P. The Honorable Judge Fitzpatrick of the Civil Court represented the legal profession and Dr. George J. Lawrence, former secretary of the Coordinating Council of the New York State Medical Society represented the medical profession.

The discussion determined that the physician is morally bound to administer medical treatment to the injured in the case of automobile accidents. The possibility of a lawsuit because there is not opportunity to give aid quickly and thoroughly is the reason many physicians do not fulfill this obligation.

Many times physicians become the victims of public ridicule because of legal action on the part of lawyers with questionable intent, collaborated by the testimony of so-called professional medical experts.

It was felt that legislation generally, in the nature of a Good Samaritan Law, would be a step in the right direction to safeguard the physician against legal action in such cases.