

November 1977

From the Editor's Desk

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Recommended Citation

Mullooly, John P. (1977) "From the Editor's Desk," *The Linacre Quarterly*: Vol. 44: No. 4, Article 3.
Available at: <http://epublications.marquette.edu/lmq/vol44/iss4/3>

From the Editor's Desk



With this issue, *Linacre Quarterly* opens its pages to problems confronting the nursing profession. The problems engendered by advances of medical technology and the diverse pluralistic philosophies undergirding approaches to medical ethics are reflected in the articles in this issue. Those ethical dilemmas which have been aired in our past issues are discussed by nurses, from their point of view. It is particularly gratifying to us that the medical and nursing professions dialogue on these issues. As we work side by side with our nursing colleagues on the wards of our hospitals and in our communities, it is important that we fully communicate our thoughts, feelings and aspirations to each other in a spirit of cooperation and zeal for the purpose of 1) better medical and nursing care and 2) upholding the dignity of the patients committed to our care.

Of particular ethical concern are situations in the intensive and coronary care units in which there is confusion or uncertainty on the part of the nurse and/or physician in regard to resuscitative measures. In my opinion, much of this confusion and uncertainty is due primarily to lack of communication between physician, nurse, house staff, patient and relatives. If communication between all parties were present, many of these ethical dilemmas and decisions would be obviated. I recommend to our readers a most practical and sensitive article published in *Linacre Quarterly* (May, 1975, pp. 99-104), authored by Dr. Garth Tagge, assistant clinical professor of medicine at the University of California Irvine College of Medicine, entitled "Relationship of Therapy to Prognosis of Critically Ill Patients." The article sets up a patient care classification integrating the intensity of therapy to be rendered a critically ill patient with the prognosis for his survival as a whole person. As Tagge observes, "The classification can serve the following functions if given adequate support: (a) to force the conscious decision as to use or omission of heroic measures (including cardiopulmonary resuscitation; (b) to promote dialogue between the

primary physician, ICU staff and family with respect to treatment goals and likelihood of success; (c) to prevent confusion in those charged with the overall care of the ICU; (d) to encourage the development of a treatment plan based on a frequent reassessment of the patient which does not ask the ICU staff to render extraordinary care to a patient who has no reasonable hope for survival as a whole person; (e) to minimize medico-moral risks; (f) to dignify the entire ICU operation for the patient, his family and the staff; and most importantly, (g) to guarantee continual reassessment of each individual case with respect to the goals of treatment at that point in time when treatment should be stopped — when the goals are no longer attainable." In this classification scheme, communication to all parties is essential and with communication, the correct, ethical decisions are usually made.

With the advent of community health centers and services and the pervading influence and concern of the federal and state governments, new ethical issues are raised and affect physicians and nurses alike. Policies set by the Department of Health, Education and Welfare, public health agencies and state bureaus of health sometimes generate ethical problems for the conscientious physician or nurse. This is of particular concern in the matter of family planning. The utilitarian ethic seems to be the basic philosophy underlying many of these policies. Concern over the cost of health care and what society can afford seems to militate against the conscience and ethical stance of many of our patients, physicians and nurses. In family planning, artificial contraception and abortion are held up as the answer to the problem but very little is said about Natural Family Planning as an alternative. It is the responsibility of all of us who are concerned with these issues to demand that Natural Family Planning be made part and parcel of community, state and federal health care programs. Vast strides have been made in this area in recent years, but it is crucial that Natural Family Planning be implemented to the same extent that Planned Parenthood has.

While the medical and nursing professions have had complementary roles in patient care over the years, we have seen a growing militancy in the nursing profession recently. Perhaps this militancy is an offshoot of the feminist movement. However, the just aspirations of our colleagues in nursing are not to be denigrated. In the nurses' struggle for self-fulfillment, everyone will be better off. Nevertheless, it is good to remember in these confusing times St. Paul's allusion to the human body and the Church, in which he refers to the various organs of the body and how important it is for them all to function harmoniously for the smooth function of the body as a whole. The brain is not the heart, nor is the eye the leg. Each organ has its own particular function but it cannot function unless it is part of the whole organism.

When all of the organs in the human body work harmoniously together, we have a healthy body.

And so it is with the health professions. The physician, nurse, nurse's aide, social worker, and hospital administrator are all parts of a whole and must work smoothly together. If they do, the patients who are committed to their care will be well served.

— John P. Mullooly, M.D.
Editor

ABOUT THIS ISSUE . . .

The idea for an issue of *Linacre Quarterly* dealing with aspects of the nursing profession came up a year ago during a conversation between Eugene Laforet, M.D., abstracts editor, and John P. Mullooly, M.D., editor. Doctor Laforet knew several nursing educators who would, he felt, be interested in writing articles for such an issue as well as encouraging a number of colleagues to contribute, thus covering a fairly wide scope of subject matter.

Mrs. Sylvia Gendrop, an assistant professor of nursing at Boston State College, and Ms. Mary Ellen Doona, an associate professor of psychiatric nursing at Boston College, agreed to oversee the task, and the results of their efforts appear herein.

Mrs. Gendrop is chairman of medical-surgical nursing at Newton-Wellesley Hospital School of Nursing where she is responsible for setting up medical-surgical-psychiatric nursing. She is also a consultant in curriculum at St. Elizabeth's Hospital School of Nursing, Brighton, Mass.

Ms. Doona, since 1957, has been involved in nursing care of the acutely ill individual, in addition to her academic duties.

Both women hold membership in numerous professional nursing organizations, have participated in many workshops, and have written for a number of professional publications.



Sylvia Gendrop, R.N., M.S.



Mary Ellen Doona, R.N., Ed.D.