

THE RELATION OF THE NURSING TO THE MEDICAL PROFESSION.

Being the concluding portion of a Course of Lectures on Physiology and Medical Nursing to the Probationers of the School of Nursing of the Leicester Infirmary, by Frank M. Pope, M.B. (Cantab.), M.R.C.P., Physician to the Infirmary.

WE have now arrived at the end of our course, and most of you are now approaching that time when you will cease to carry on your duties under the immediate supervision of the Sister or Nurse in charge of the Ward, and will come in contact with the Doctor. I think, therefore, that a few remarks on your relations with the Medical Profession will be not out of place, feeling assured, as I do, that on the perfect harmony of such relations must depend, in no small degree, the comfort of the patients under your care, and their progress to convalescence and health.

The Nurse has two duties—first to her patient, and second to the Doctor; and considering only the former, she is sometimes tempted to compare the latter unfavourably with others she may have nursed under; and, especially in private Nursing, may even in some cases give expression to this feeling to the patient, or to others around her. Such a proceeding, I need hardly say, is to be studiously avoided, as in direct opposition to the second of the two duties mentioned above. I think, however, we may trace a reason for such feelings not altogether discreditable to the Nurse. She is almost always enthusiastic in her profession, and possesses a high ideal of what the Medical Profession should be. The ideal Physician may probably be one whose presence commands confidence and respect, who to profound scientific and professional knowledge unites perfect insight into disease and its remedies, combined with courtesy, tact and temper, proof against the many petty disturbances and physical discomforts of a Doctor's daily life. Such a statement of truly most desirable qualities carries in itself the evidence of the impossibility of its attainment by the majority of men. To take only the question of diagnosis. The Doctor is always expected to know what is the matter with his patient, but you must remember that diseases do not bear their distinctive marks writ large upon them. The accurate determination of the various conditions existing in the majority of cases is a problem of considerable complexity, demanding the clearest insight and nicest judgment for its correct solution; and in many cases it becomes insoluble from the large number of unknown factors, and the decision of even the wisest minds must be merely tentative and approximate.

But not to weary you further with abstract considerations, I think if we take a comparatively simple case, and contrast the respective duties of the Nurse and the Doctor with regard to it, we shall be able to get some more definite ideas with regard to what should be their relations. Let us say the Doctor is called to see a patient suffering with pneumonia. To many persons, and not only uneducated and illiterate ones, this appears to be his procedure. He comes in, looks at the patient, feels pulse, examines tongue, listens to chest; says, "Ah! pneumonia;" takes from his memory, where it is stowed away, labelled and classified, the prescription appropriate to that disease, and retires with his entire duty fully accomplished. How far different is this from the reality even in such a case! Let us examine a little as to the real process which goes on in his mind. He certainly decides on the nature of the disease, and on the present state of the patient, but that is not half the battle, though, as I have stated above, even this may, from the nature of the case, be almost if not quite impossible. He also has to consider the inherited tendencies of the patient, as far as they can be ascertained; the amount of injury to the lungs, the position of the mischief, upper or lower lobe, and the influence of that position on the probable course of the disease; the condition of other organs, heart, kidneys, digestive system, liver, skin, and the general strength by various signs. These indications have to be combined so as to form a whole. Then he has to consider how his treatment shall be directed so as to fight the dangers which are attacking the patient from all sides, and here I may quote the remark of one of our greatest men, that "the Doctor no more cures the disease than the pilot cures the storm through which he directs the tempest-driven ship. He merely guides the patient through." To return, the Doctor has still to consider how to combine the various means, so that each shall help the other's action and not hinder it; and to do all this giving as little discomfort to the patient as possible. Then comes the equally difficult question of prognosis, or the prediction of the probable result of the disease. Whether, under all the circumstances, the outcome will be in perfect restoration to health; whether the recovery will be merely partial, and the patient a permanent invalid; or whether the result must be in death—a decision on which the patient, or still more the patient's friends, hang as on the words of an oracle. All these considerations, consciously or unconsciously, go through the physician's mind. What wonder then that man's fallible judgment should be unequal in all cases to such a task? What wonder that at times the responsibility should seem greater

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