

creditable conditions prevailing in the nursing world publicly expressed; it means that sooner or later the State Registration of Trained Nurses will be accomplished.

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THE important decision of Lord Kyllachy that the action brought against a local doctor in Glasgow to prevent his using a house in a residential quarter as a private nursing home, was irrelevant, deserves attention. The learned judge had to decide whether the establishment of a private hospital was an infringement of the title to No. 12, Claremont Terrace, and as he was unable to declare that a private hospital is "a shop, warehouse, or trading place, ejusdem generis," or that such an institution is excluded from the general sense of the word "dwelling house," he dismissed the case. This establishes a precedent on what has long been a moot point, and one which will be quoted in similar cases. Nursing homes are becoming increasingly common, and to doctors and patients alike, it is a convenience that they should be near the houses of the former, which are frequently in a fashionable residential quarter. For the future it will rest with the owners of house property, who do not desire that their houses should be used as nursing homes, to insert a clause in leases to this effect. What remedy householders have against the owner of a house who uses it for this purpose is a more difficult question.

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Is a nurse ever justified in refusing to carry out medical directions as to the treatment of a patient? The subject is a very delicate one. The treatment and dieting of patients are entirely questions for the medical practitioner, and the duty of the nurse working under him is to carry out his directions unhesitatingly and exactly, so long as she undertakes to nurse his case. Further, under no circumstances is she justified in criticising the treatment prescribed by the medical attendant. But we cannot concede that a nurse is an irresponsible machine, and that her duty ends with that which she owes to the medical man, and that she has none to the patient. If in her own mind she is convinced that the treatment she is desired to carry out is injurious to the patient then she should withdraw from her care of the case.

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THE question has been brought into prominence owing to the action of a nurse working under the Maldon and Heybridge Nursing Association, who refused to work under a certain medical man, saying that she would rather resign than attend his cases, except in emergency. The Committee agreed to exempt the nurse from such attendance, and hence the trouble which arose. The medical man referred the question to the subscribers, who

disapproved of the action of the Committee, and the President, Vice-President, Treasurer, and Hon. Secretary, as well as the majority of the Committee, also the nurse, have now resigned office.

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THE reasons actuating the nurse have not been made public, so it is difficult to form a judgment with regard to them, but one thing appears to us plain. So long as the Committee undertook to work for certain doctors no nurse working under its control had a right to pick and choose as to which medical men she would or would not work for, the only course open to her was to resign. The action of the Committee in permitting this attitude appears to us mistaken, and subversive of all discipline, making the nurse and not the Governing Body the judge of the cases which she should attend. No work could be carried on on these lines, and we would suggest to the Committee of the Maldon and Heybridge Association that their position, based, no doubt, on insufficient knowledge, is an untenable one.

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At present we have no code of ethics formulated for the guidance of nurses in this country. No doubt the duty of defining the broad outlines of nursing conduct will be undertaken by the National League of Certificated Nurses, when it is in working order; meanwhile, we fall back upon the principles laid down by our American colleagues.

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In the code adopted by the Alumnae of the Illinois Training School for Nurses, Chicago, the following article occurs under the heading, "Duties to Physicians."

"No nurse should remain on duty with a patient whose physician she cannot conscientiously uphold in every way. It is not within the province of a nurse to criticise the doctor either as to his deportment or professional skill. If she cannot with self respect work with a doctor, she should withdraw from the case at once, as quietly, and with as little comment as possible."

Again Miss Dock, whose words of wisdom are weighty, deals with the question of "Ethics," in her "Short Papers on Nursing Subjects." Speaking of the addresses given by doctors to nurses on their graduation day, she says:—

But what do they teach us of ethics? Well, this—as yet the extremest that we have heard—the nurse's whole duty, loyalty, and obedience begins and ends in subordination to the doctor. Beyond this there is no horizon, and outside of this she has no reason for existence. Ponder over this dictum and acknowledge that there is something unsatisfying in it. No doubt here is a great ethical principle. May we know the whole, or only a part? Why is it put just so without any exception or alternative? Perhaps there is something more than this. One would like to see the nurse allowed the same amount of independence as any other moral being.

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