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**Editorial.**

**A NURSE'S DEFENCE UNION NEEDED.**

We report in another column the details of a case which, whether viewed from the standpoint of nurses, medical practitioners, or the public, is of the utmost interest and importance. The plaintiffs claimed damages against the Oldham Nursing Association for injuries alleged to have been caused by the negligence of nurses supplied, and the Association repudiated responsibility for the action of the nurses on the ground that they were acting as the servants of their employers, the plaintiffs, not as the servants of the Association, when the injury complained of occurred.

But the defence adopted cannot be considered a wise one. The nurses, as the judge pointed out, were withdrawable at the discretion of the Association, which received the fees they earned, and paid them wages. The judgment, therefore, that the nurses were the servants of the Committee, which was thus responsible for their actions, appears to us sound.

This raises a most interesting point, for it is manifest that if this judgment holds good then, except in the case of unattached private nurses, if negligence is proved, the employer—whether a hospital committee, the committee of a co-operation, the proprietor of a nursing institution, or the committee of a philanthropic society—must stand the brunt of any legal proceedings in which a member of the staff is involved. They, not the nurse, are responsible before the law.

Two conclusions are forced upon us in this connection. 1. That in cases where a committee are satisfied that injury has been caused to a patient by one of their servants, it is well they should realise their responsibility, and the best course to pursue is to accede to the claim of the injured person for reasonable compensation rather than allow the matter to be taken into court.

2. That, in the future, committees will be

well advised to require nurses joining an association of private nurses to give them an indemnity for pecuniary loss incurred on account of their carelessness or incapacity.

We may hope that the case will prove a warning to institutions and proprietors employing unqualified women, and supplying them to the public at the fees commanded by the thoroughly trained. An institution which can prove that it has taken all reasonable precautions in the selection of its nurses, and has on its staff only those who are fully qualified, has a strong weapon of defence to hand. But what of those which send out women of a few months' experience in a special hospital, to undertake the care of patients in critical cases where the issues of life and death are involved? Surely if injury occurs in such a case the responsible authority is criminally responsible.

**THE RISKS OF PRIVATE NURSES.**

Another point, which will no doubt be apparent to nurses, is that of the graver risks to which they subject themselves in undertaking private nursing duties. For the judgment in the present case, and in a similar one at Manchester, where substantial damages were also awarded, cuts both ways. A nurse may be blameless as regards negligence or malpraxis, and yet may find herself involved in a lawsuit involving her professional reputation, and may find it very difficult to disprove the charges made against her, which may nevertheless be unjustifiable, and malicious, and actuated by the hope of gain.

**THE RESPECTIVE POSITION OF MEDICAL PRACTITIONERS AND NURSES.**

It is interesting to compare the position of medical men and nurses in the event of legal proceedings.

In the case of a registered medical practitioner, as his skill and knowledge are tested, and recognised by law, his possession of these qualities is assumed, until disproved, and the burden of proof lies with the aggrieved person. The trained nurse, on the other hand, must prove her possession of skill and knowledge,

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