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**Editorial.**

**NURSES AS DETECTIVES.**

The attempt of the Birmingham Police Force to secure the co-operation of the medical profession in that city as amateur detectives opens up a question which is of close interest to nurses, as it touches the question of their duty regarding secrets learnt in the course of professional relations with their patients, a point which concerns nurses as well as medical practitioners. Indeed, of the two the nurse is probably the more likely to discover the skeleton in the cupboard, for while the medical man pays his professional visit and goes his way, the nurse is admitted to confidential relations with the patient all the twenty-four hours round.

In the case under consideration the Chief Constable of the Birmingham Police issued a circular to the local medical practitioners describing the circumstances of the death of an infant in connection with which a verdict of murder was returned at the inquest, and added: "Should you be called upon professionally to attend any woman who appears to have been recently confined under circumstances of this nature, I should be obliged if you would immediately communicate with me by telephone or otherwise."

The request appears to us to be quite unjustifiable, and we agree with Dr. Stanley B. Atkinson, barrister, and Hon. Secretary of the Medico-Legal Society, that "there is no statute which degrades the profession into a huge detective agency." The medical profession of Birmingham appear to hold that "if professional confidences were to be divulged in such cases as these, many lives would be jeopardised, for such puerperal women would rather bear the ills they had to suffer, even to the death, than court the publicity which seeking the assistance of medical aid might gain them under the fulfilment of these novel suggestions."

The special and most insidious danger contained in the request of the Chief Constable of Birmingham is, it will be noted, not

that an undoubted case of murder should be reported to him—in which case the duty of the practitioner in attendance is plain—but that the medical profession should communicate with him respecting every suspicious case attended by them—a most preposterous request, which, if complied with, would have the effect of subjecting a number of innocent persons to the indignity of police supervision and inquiry. Medical practitioners in Birmingham are to be congratulated on refusing to be parties to any such system of espionage.

What is the duty of a nurse when brought into contact with crime in connection with the discharge of her duty?

As an extreme case, if a nurse became aware of an intention to commit crime, such as murder, undoubtedly it would be her duty to communicate with the police in order to prevent its committal. As a general rule she is well advised to maintain sedulously the relations of patient and nurse, and to refuse to allow her mind to dwell upon a possible criminal aspect of the case.

Instances of the way in which the clergy regard their duty in relation to crimes which have come to their knowledge in the discharge of their professional duty are not wanting. In a case which excited considerable interest years ago, a clergyman of the English Church, who learnt in this way of a murder, induced the woman concerned herself to confess to the authorities.

It may be an accepted rule amongst nurses that, while they must not hinder the course of justice by shielding one whose crime is discovered by the independent investigations of the police, nor can they, by silence, become accessories to serious crime after the fact without infringing the law of the land, it is no part of their duty—it is, indeed, a breach of professional secrecy—to constitute themselves amateur detectives by communicating every circumstance of a suspicious nature to the guardians of the law.

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