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## EDITORIAL.

### THE RIGHT OF THE INSURED SICK TO SKILLED NURSING.

One of the points in connection with the administration of the National Insurance Act which is exercising the minds of trained nurses is the quality of the nursing care which is to be supplied to the insured sick.

The National Insurance Commissioners have not shown any desire to avail themselves of the advice of Associations of Trained Nurses as to the standard to be adopted. In the case of medical practitioners and midwives whose services are employed under the Act, this question does not arise. The minimum qualification is in each instance regulated by statute. In regard to nurses, however, the insured sick have no such protection, and it is therefore essential that until the Government reverses its policy of inaction and legislates, in protection of the sick, against fraudulent and incompetent nursing care, that special precautions should be taken to ensure efficiency in nurses supplied to the sick poor. More especially is this the case when that nursing is paid for by the persons concerned. Gifts have perforce to be made the best of, and it must be owned that the quality of nursing provided by the well-to-do for their poorer neighbours in rural districts is frequently very elementary indeed.

But under the Insurance Act they will pay for skilled nursing, and we hope that Friendly and other Societies in which they are insured will see that they are supplied with the real article, and that the nurses employed are not selected for their cheapness but for their efficiency, for assuredly there is a danger of the former course being adopted.

Take, for instance, the case of the Cumberland Nursing Association, which, from the report recently presented at the

annual meeting, apparently contemplates nursing the insured sick. The Association has 50 nurses now at work, 11 of whom are Queen's nurses, 7 have had some hospital training, and 32 are village nurses. Is it proposed that the whole of the nursing of the insured sick throughout the county should be performed by the 11 Queen's nurses, or are the sick poor—who it must be remembered do not readily give way, and are generally acutely ill when they need the services of a nurse—to be handed over to the remainder of the staff, some of whom have had "some hospital training," and to the village nurses most of whom are dangerously ignorant of the theory and practice of nursing, but are certified midwives, with some instruction in elementary nursing duties, and who, for purposes of policy, are described as nurses instead of midwives.

Take again the "nurses" supplied by the Cottage Nursing Benefit Association, nurses who, in many instances, have had no hospital experience, for the policy of the Association is to discourage hospital training—and who should be called cottage helps, in which capacity they might have a useful sphere. The Committee of Management is seriously proposing that they shall be supplied as resident nurses to the insured sick at not less than £1 per week with board, lodging, laundry and travelling expenses in addition. A more extravagant proposition could scarcely have been made.

The standard of training for the nurses of the insured sick should be that of Queen's nurses a minimum of three years' hospital training, with special experience in addition. Nothing less can be considered adequate.

It is to be hoped that not only the Nursing Inspectors to be appointed under the Act, but the medical profession, will realise their responsibility in this vital question of national health.

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