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EDITORIAL.

THE NURSING OF THE INSURED SICK.

Nothing is of more importance to the insured sick than the quality of the nursing which may be provided for them under the National Insurance Act, and at present nothing is in a more undefined condition. Under the Act, as is well known, the standard of the medical assistance afforded is defined by law, and the same applies to midwifery. In regard to the provision of nursing this is not compulsory, nor can any standard be enforced, because there is no State Register of Nurses, and no governing body to maintain a minimum standard. It is therefore possible for Insurance Committees and Approved Societies to adopt one of their own, which, with every good intention, may be quite inadequate.

No greater proof of the advantage of membership of an organised and State controlled profession could be advanced than the position of nursing under the Act, for while there is no guarantee that the insured sick, if nursing is provided, will receive it of a skilled quality, the pecuniary value at which nurses' services are estimated compares most unfavourably with that placed on the services of both medical practitioners and midwives. Thus, while "panel doctors" receive 7s. per annum for each insured person on their list, and it is proposed that midwives shall be paid at the rate of 10s. 6d. per case, the only scheme which has been considered for the provision of nursing to the insured sick—by Queen Victoria's Jubilee Institute, in conjunction with County Nursing Associations—proposes that the liability of societies joining this scheme shall not exceed 3d. per head. We have no hesitation in saying that it is impossible to supply skilled nursing at this rate.

In the county of Kent, where it is proposed to try this experiment, it is suggested that village nurses shall be employed. But the village nurse is not a trained nurse in the ordinary acceptance of the word, *i.e.*, a person who has received a definite term of hospital training. She is essentially a midwife, with a knowledge of the elements of general nursing not as a rule acquired in a hospital at all. As it is proposed, as we have shown, to make a separate charge for midwifery attendance, it will be realised that the quality of the nursing which it is suggested shall be supplied under the scheme cannot be regarded as skilled.

So far, the nursing of the rural sick poor has been chiefly organized as a matter of charity, and therefore they have had to take what has been given them, and the inclusion of certified midwifery has been a great advantage to them. But directly nursing is provided as a benefit for which they pay under a State scheme, the quality should be that of the recognised standard, that for Queen's Nurses, which is three years' hospital training with an additional six months in district work. The insured sick will have a rightful grievance if they are provided with, and expected to pay for, nursing of a quality which could not for a moment be considered adequate for those in richer circumstances.

Take for instance the members of an Approved Society for trained nurses. In the event of their convalescing in a rural district, it would naturally be resented if they were provided with nurses trained for a few months on a district only. Yet this is what would happen, supposing the scheme proposed for the County of Kent were widely adopted by Approved Societies.

We are of opinion that the nursing of the insured sick should be organized as a State service, and paid for on an adequate scale.

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[previous page](#)

[next page](#)