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## EDITORIAL.

### PROFESSIONAL ETHICS.

The ethics of the profession of medicine are well understood, and except in isolated instances loyally observed. Consequently, patients go with confidence to the consulting room of the medical practitioner, disclose their secrets, and "open their griefs," knowing that their confidences will be respected.

Well trained and honourable nurses have adopted the ethical standards of the medical profession, and although it is not the custom in this country, as it is in some training schools in America, to administer a modified form of the Hippocratic Oath before the nurse receives her certificate, yet it is none the less incumbent upon all nurses to maintain silence on matters concerning their patients, or their affairs, which have come to their knowledge in the course of their professional duty. The same rule applies to midwives, indeed the office of midwife is often only an extension of that of nurse, and ideally midwives should always be trained nurses. It cannot moreover be too strongly emphasised that the standard of ethics observed in relation to patients in Park Lane is just as binding in Bethnal Green, the rich and poor are entitled to the same treatment.

We are led to make these remarks because some persons appear to think it legitimate to secure information of a private and personal character in regard to the poor for which they would not think of asking in the case of the well-to-do.

Thus, as we report in another column, the Central Midwives' Board, at its last meeting, had before it a copy of a circular letter forwarded by the Medical Officer of Health for Chatham—addressed to midwives asking whether they would be willing to supply names and addresses of expectant

mothers in order to facilitate ante-natal visiting in connection with Infant Welfare Work. There can be no doubt as to the correct reply which a midwife should make to such a circular. It is that the relations between herself and her patients are entirely confidential, and that she declines to give the information desired. To adopt any other course would be at once to remove her from the position of confidential adviser and friend, whose influence for good may be almost unlimited, into an amateur detective. Moreover, the midwife herself is quite capable of keeping the patient she is engaged to attend under observation, and of advising medical assistance if needed.

There can be no doubt what replies the authors of this letter would receive if they addressed it to West End consultants, or what their patients would say and do if such information, given in confidence, were divulged without their consent. Professional ethics are not practised only in the case of wealthy patients who can pay high fees. The most recently qualified midwife should be as scrupulous in regard to the affairs of her poorest patient as are the Presidents of the Colleges of Physicians and Surgeons.

There could only be one reply concerning the letter sent by the Medical Officer of Health of Chatham to the Central Midwives' Board namely "that no midwife has any right to give any information concerning her patients to any one except with the consent of the patient, which should be expressed if possible in writing." We are glad that the Board has expressed this opinion quite definitely.

If information is desired to facilitate ante-natal visiting it should be obtained by applying to the patients themselves; not from persons who have become acquainted with it in the course of confidential professional relations.

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