

M I S C E L L A N E O U S

INTERNATIONAL NURSES DAY

International Nurses Day was celebrated on 12 May by the national nursing associations of many countries, which commemorate on this date Florence Nightingale's birthday. It was in 1965 that the International Council of Nurses declared that 12 May should become known as International Nurses Day. Every year, a different theme is chosen and it has been decided that for 1973 the theme will be *The Nurse's Role in Safeguarding the Environment*. This is, indeed, a problem of some urgency that may affect considerably the survival of mankind, while, on the other hand, nurses assume extensive responsibility in this particular sphere where they have the possibility to play an active part.

The message addressed on this day by the International Council of Nurses concluded with the following words:

“ As influential members of the health team, the health community, nurses can make their voices heard in policy-making and decision-making bearing directly on environmental problems. And by virtue of their unique relationship to individuals they have an opportunity to set examples by their own actions and to help in the fundamental education of every human being. Nurses are in a unique position to expound the importance of environmental action and show the specific steps people can take to protect their own health, the health of their families, community, and planet.”

WORLD FOOD PROGRAMME

In January 1973 the World Food Programme (WFP) celebrated its tenth anniversary.¹

¹ *World Health*, WHO, Geneva, January 1973.

MISCELLANEOUS

Though apparently intended to feed hungry people, this programme is closely related to the public health activities of WHO. In fact, WFP is participating directly, together with WHO, in various national public health programmes.

A better food supply can obviously reduce, or even abolish, the effects of undernutrition or malnutrition. However, WFP is not concerned only with problems of a strictly nutritional nature; by investing in food aid schemes, it participates directly in solving health problems that are all too often beyond the means of developing countries.

For example, in one country, supplying hospitals with food makes money available for investment in rural health centres. In another country, food rations are used to supplement wages in order to attract the right kind of workers needed for a malaria eradication programme. Elsewhere, the distribution of food facilitates nutrition education and creates an opportunity to give practical demonstrations of immediate value. The recipients learn how to incorporate WFP food into traditional dishes and how to make these dishes more nourishing by adding locally produced foods.

WFP contributes in many different ways, both directly and indirectly, to the economic development of the countries it assists. In some countries, it helps to curb inflation, thereby protecting the underprivileged sectors of the population. In others, it enables foreign currency to be reserved for the purchase of equipment. Food is even used as a support for carrying out large public works, where a sizeable labour force is employed.

WFP is far from being a panacea for the ills of underdevelopment, but in parallel with other forms of action it constitutes one means of promoting health, of developing investments, and of building and strengthening the economic infrastructures of countries that have not yet reached their take-off point. The more WFP aid can be used to complement traditional types of investment and technical assistance, the more useful it becomes.

When WFP started in 1963, its budget amounted to 95 million dollars for three years. Ten years later, the budget for 1973, mainly in the form of food products, exceeds 130 million dollars for that year alone. Total contributions to WFP since its inception add up

to over a thousand million dollars in commodities and services. These voluntary contributions from participating States have enabled more than 525 projects to be supported in 87 countries. Some ten per cent of WFP's resources are at present being devoted to health promotion projects affecting millions of human beings. Impressive though these figures may be, they do not measure up to the needs that remain to be satisfied. Great efforts must be made to enable more people, by their own endeavours, to improve their standard of living.

THE QUALIFIED NURSE

The November 1972 issue of The New Zealand Nursing Journal contains an article by M.E. Burgess, Matron of Kawakawa Hospital, on the role of the qualified nurse in hospital service. In view of the interesting and topical nature of this problem, we reproduce it below for our readers :

Who is the qualified nurse? How has she qualified? What has she qualified for?

The qualified nurse is a nurse who has been educated in the skills and sciences for the care of the sick. She has been successful by examination to have entered in the register her name and qualifications. She has been tested, and proven herself to be a person who can practise with safety the nursing skills required in the care of the sick.

Let us see the qualified nurse be given the opportunity to apply herself to the function she has studied and qualified for. The care of the sick.

Let her not be the person the patient cannot get to; the relations cannot get past; the person who cannot be confided in; consulted with or circumnavigated.

Let her be a consultant, planner, educator, manager, an exemplar, a member and supporter in the health team. Let her be the