

BOOKS AND REVIEWS

Respect for the sick, by Marjorie Duvillard, *Revue suisse des infirmières, Soleure, No. 12, 1967.*

... It is soon apparent to anyone after joining a hospital staff that spontaneous respect for the sick is not an attribute of those who claim to feel they are called to the medical or nursing professions, and is a notion which is frequently misunderstood. It sometimes even happens that those who care for the sick do not grasp this idea at all and that through their inefficiency they mock the patient and counteract the treatment.

It might, therefore, not be amiss to give some thought to the idea of respect for the sick, for it is an attitude which is directly linked to the very nature of nursing. The French dictionary *Robert* defines respect as: "consideration for a person because of his personal qualities ... a sort of decorum making for abstention from certain acts and attitudes".

From these definitions it follows that respect for persons is in the nature of a conscious recognition of their existence, uniqueness and individual personality; a recognition, in fact, of all their attributes such as physical condition, intellect, emotions, spiritual aspirations. This awareness of others includes an understanding for their social and cultural backgrounds.

Respect is reflected in behaviour, which the same dictionary defines as: "all the objectively observable actions of an individual".

To respect a person, therefore, implies a certain course of behaviour towards him. This requires involvement of all one's being, for behaviour is nothing less than the visible manifestation of what we are. It must not be forgotten that doctors and nurses too are human beings in whom are intricately compounded physical, intellectual and emotional properties and that they too are conditioned by social, economic and cultural environment. Knowing that none of us can escape from the fact that we are what we are and that it is thus, with all our being, that we must live, work, and be part of the community; to be or not to be for ourselves and for others, the doctor and the nurse who sincerely desire to meet others have no alternative but to know themselves as they really are. Respect for others begins with respect for oneself.

The aim of medical and nursing care could be to help the sick to adapt themselves to the life they lead. Medicine and nursing practised with this aim in mind would require a genuine knowledge of the patient in all his own originality, not as an anonymous specimen of a particular category of human beings who live in hospital, but as a unique individual possessing a physical, intellectual and emotional structure of his own, unlike anyone else's. It would require the greatest possible knowledge of

the patient's life, i.e., his potential and the handicaps from which he suffers and to which he must adapt . . .

Respect for the sick, in my opinion, is dependent on a particular relationship between the sick and those who tend him. The modern hospital is a place where technique and science take no account of the personality of individuals and what they do. Whoever they are, their identity is lost and more often than not they are distinguishable only by name and functions if they are on the hospital staff and by name and body organ or sickness if they are patients.

In such surroundings, a clear relationship would restore identity and dignity to the individual; it could be an effective means of therapy. No matter how much a patient's feelings are blunted by sickness and life in hospital, a genuine relationship will penetrate his reality and permit him to be welcomed as the unique person he is; it will enable him to remember what he was before he fell ill and before he came to hospital and what he can become when he leaves; it will enable one to assess with him his strength and his weakness and induce him to use all his faculties to bring about a cure. Many doctors and nurses dodge this relationship: their therapy and nursing is intended for some part of the body, for a case, rather than for a person. They refuse, most of them unwittingly, to become involved in a relationship which would imply equal co-operation on the part of the patient. That is why hospitals are full of sick people to whom no one listens and about whom those who tend them know nothing of what is really important for them . . .

. . . Respect for the sick person demands a genuine contact, that he be listened to, observed so that he be better known and understood, that he play a part in the care which he ought to receive. And yet hospitals are full of people who do not know why they are there, what is being done to them and why. It is well known that passivity engenders sickness. Part at least of the illness of these sick people is due to the lack of identity, but is it not also due to inactivity? Why not explain to the patient, in a clear language he can understand, the examinations he must be subject to? Why not ask him to co-operate in the observation of effects of certain medicines which are prescribed for him? No one better than he can say whether he felt warmth from them, thirst, pain or any other effect. Why not explain the reason for a transfer, inform him of his departure, prepare with him his return home, instruct him in the care which he can give himself at home? Why leave a sick person inactive if he can be active, why deprive oneself and him of the beneficial effects of an authentic collaboration with him which will induce him to take himself in hand? What is to be said for the technical efficiency of nursing personnel if not that it may be a positive feature of respect for the sick, by rapidity, surety, gentleness, accuracy in operating appliances and instruments, and the scientific knowledge which is its prerequisite? However, without the authentic relationship between the nurse and the

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person in her care, technical efficiency soon becomes an end to itself. The nurse's activity then becomes routine, devoid of its true significance, and falling short of the objective; medicines are administered, medical orders carried out, the charts are plotted, instructions are noted, all the care prescribed is accomplished; but are they really administered in the sense of the latin "administrare" which means to serve?

To serve is to make available to someone the things he needs and to induce him to use them. To administer care from this angle would be to respond to the needs of the sick taking into account the patient's own interpretation of them. If the authentic relationship between the nurse and the nursed is a certain means of therapy, so also is the same type of relationship among the members of a nursing team. A team in which the doctor, the nurse and the patient each has a rôle to play and in which each is dependent on the others seems to me to be the only means to enable the XXth century hospital to restore genuine effectiveness to medicine and nursing.

Outside the Written Word, by Fernando Valderrama, *The Unesco Courier*, Paris, April, 1968.

... Literacy teaching for adults calls for a varied and extensive teaching body—elementary schoolteachers, both active and retired; well educated non-professionals; technical experts in specific fields (agriculture, handicrafts, etc.), group leaders and discussion guides, operators for audio-visual equipment, etc., all of them either full or part time, paid or voluntary.

Most adult educationalists were trained to teach children, or lack pedagogical experience. In any case, they need special training to fit them for their new job. The community has to be studied as a whole so as to identify the many problems confronting adults, and literacy classes should be used as an opportunity to help people become aware of their problems and to cope with them.

Obviously, in speaking of adult education, the widest meaning is given to the word "education" taking in the concept of the complete development of the human being. We often use the expression "literacy tied to development" because it is in this sense that it has to be conceived if it is to prove useful and show positive results. But it should be made clear that this "development" is social as well as economic, cultural as well as moral.

Literacy within the context of adult education must be a means of integration in the total dynamics of human betterment...