

EDITOR'S CHOICE

We need to talk about nursing

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Bad nursing stories have been outnumbering good nursing stories of late, and thanks to the BBC they've been given wide exposure. The current run began in April on BBC's *Question Time* (<http://bbc.in/iWGf3B>). In an emotional contribution, *Telegraph* journalist Cristina Odone reflected angrily on the insensitive nursing care received by her elderly mother during her three emergency admissions.

A few weeks later in a BBC radio programme, *Independent* journalist Christina Patterson discussed the lessons she'd learnt from her six operations in three hospitals over the past eight years (<http://bbc.in/kUaarJ>). She'd learnt that "the nurses who seemed to have time to stand around talking to each other, and didn't seem to like their jobs very much, didn't like to be disturbed and if you wanted to keep them happy the best thing to do was not to ask them for anything and never, ever to press your buzzer." She couldn't understand how nurses "could see people who were suffering and frightened and maybe even dying and seem to think they were a nuisance."

Last week, the BBC dropped an even bigger bombshell on the *Today* radio programme (<http://bbc.in/mgJ9D8>). A woman was describing what had contributed to her mother's death in hospital. "This rash had been caused by the way Ipswich Hospital dealt with toileting for the elderly. It wasn't just my mother that was swathed in nappies to make life easier for the nurses—they said they didn't have time to put elderly people on commodes—it was the general rule."

The plural of anecdote is not data, but data of sorts are now accumulating on the sorry state of nursing in some hospitals. The *Today* programme coincided with the first 12 reports into care of older people by the Care Quality Commission. It makes

chilling reading (doi:10.1136/bmj.d3346) and suggests that something of a pattern is emerging. The CQC's messages are broadly in line with February's report from the Health Service Ombudsman (*BMJ* 2011;342:d1064) and last year's report into Mid Staffordshire NHS Foundation Trust (*BMJ* 2010;340:c1137). Richmond House, or whoever's in charge these days, we have a problem.

The problem is not just heartless nurses or "resources," although they're a part of it. As Desmond O'Neill says in his book review, it is clear "that many healthcare workers have a troubling moral and professional blindness to the humanity and complex needs of older people." The unanswered question remains "how the education, altruism, and professionalism of large groups of healthcare workers have been subverted to such a dismissive attitude to those in greatest need" (doi:10.1136/bmj.d3395).

Together, all the accounts of substandard patient care beg searching questions about the sort of NHS that's worth saving. We can all agree it's not the bad sort, but what are the levers that could guarantee the good sort, given that basic humanity seems to be failing?

Nigel Hawkes reports on last week's attempt by deputy prime minister Nick Clegg to assume the mantle of saviour of the NHS, the latest in a long line (doi:10.1136/bmj.d3368). If he gets his way, the changes to the NHS and Social Care Bill will be so substantial that it will have to be sent back to MPs to be considered again. By the time that's done, we may have lost a health secretary, and, who knows, the coalition government.

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