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This case commentary tackles a very important dilemma fundamental to traditional treatments of anorexia nervosa and other eating disorders. I agree with the commentary where it says "Either way we are left with troublesome questions". I believe that only by looking at troublesome questions can we hope to learn more effective ways of helping people fight back against problems such as anorexia nervosa, problems which threaten to describe and determine people's very lives and existences.

Looking at the troublesome questions one at a time, I would personally regard a patient fighting against anorexia as terminally ill only when they are indeed dead. I believe that is the only time when it is legitimate for us to give up hope. I would (rather radically) suggest that the terminal care of people fighting against anorexia might include making mistakes such as:

1. Confusing the problem with the person and beginning to accept that they are anorexic through and through! In other words, believing that this is their free choice which we (as good therapists) should ethically support.
2. Defining anorexia nervosa solely in terms of eating behaviours and ignoring the other methods of control and punishment that it yields.
3. Beginning to use anorexic methods (eg coercion, bribery, force, threats, isolation, secrecy etc) in our treatment of the "anorexic".
4. Failing to recognise that the problem is also affecting us in this process
5. Giving up hope as the problem begins to thrive on the unwitting sustenance that we have been feeding it.
6. Convincing ourselves that there are only anorexic solutions (torture or death) to anorexic lifestyles.
7. Providing research evidence to back these statements up and render them scientifically unchallengeable.

**Ethical Issues in Nursing**

Geoff Hunt  
Routledge Press  
1994  
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This is one of a series of books on Professional Ethics. Overall I found this a readable book which would be accessible to any nurse with an interest in the topics covered. With a strong focus on the United Kingdom, it would be necessary to consider the relevance of some of the information presented to your own country of practice.

At first glance I had some reservation about the number of authors who were not nurses, particularly that the editor was "out of" the nursing profession. However, the familiarity that these authors have with the position of nursing within the wider health care sector was to some extent reassuring, even if it goes no way towards affirming that nurses could, for themselves, make a valuable contribution.

In his introduction Hunt clearly recognises the unique position of nurses in the delivery of patient care. While giving care they are expected to meet the requirements of the medical profession and health care institutions, to obey orders, while maintaining a moral responsibility to patients, themselves and the profession. As he notes in page two of his introduction, many of the ethical issues nurses raise, are based on their unease, in one way or another, in dealing with their lack of freedom to care for patients and their families as they feel they should.

The book is divided into two parts. In the first part specific issues such as informed consent, privacy and dignity, research, care of the elderly and the person who is not eating are addressed. The second part of the book considers some more general issues including accountability, codes of conduct, law and professional conduct, ethic of care, health care resources and the right time to die. Each topic is made relevant to nursing. As might be expected many of these issues are little more than introduced, however, as such they provide useful starting points for nurses wishing to further research a topic. With both an index and a bibliography at the end of the book

there is a clear starting point for other reading. The concise approach taken by most authors, along with the stories presented would make this a useful resource for teaching nursing students about ethics.

Given the nursing literature currently available on the ethic of care, I was disappointed that Linda Hanford's chapter, an appraisal of Nodding's theory, was not followed with a chapter looking more specifically at nurses' models of the ethic of care. The primary focus of a nursing ethic is not concluded in this book. Hunt suggests that nurses should ally themselves with patient groups to ensure accountability of institutions and other professional groups, seeing this as a way to overcome the difficulties of accountability for the nursing profession which often finds itself caught between obeying orders and professional integrity. Many of the authors acknowledge the relationship of advocacy that is commonly expressed by nurses as appropriate to the nurse-patient relationship, they recognise also the strength of character that this requires if individual nurses are to take a stand. The best they seem to offer in response is that nurses should keep trying to make their concerns heard.

The fact that many nurses do not take a stand is also recognised in the contributions to this book. While some remind nurses of their responsibilities within the UKCC's Codes, others recognise some of the reasons for nursing silence. These issues all have relevance for the nurse working within other countries, such as New Zealand, however it would be important to consider the relevant Codes and delivery of health care and not assume that these are the same as in the United Kingdom.

In conclusion this book certainly presented a less traditional approach to nursing ethics than some of the standard texts. The issues raised would be familiar to many nurses and have been commented on in numerous journal articles, however it is useful to be able to find them in a book which covers a variety of nursing situations and deals with the issues in a clear and informative manner.

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