Dear Mary

by Mary Annas

Dear Mary is a monthly feature in which readers can ask about any nursing care issue that concerns them. Answers will be supplied by Mary Annas or a consulting nurse, physician, lawyer, or ethicist where appropriate. Readers are also invited to comment on the answers. Letters to Dear Mary may be handwritten. All inquiries should be addressed to Mary Annas, Nursing Law & Ethics, P.O. Box 9026, JFK Station, Boston, MA 02114.

Dear Mary,

I read a letter recently in the New England Journal of Medicine from a physician who described a 27 year-old patient who was dying of cancer. She was a writer and dancer, and her pain and immobility made it impossible for her to read. According to the physician, she was able to obtain "talking books" through the Massachusetts Commission for the Blind, and these "were a real source of pleasure for her during the final months of her illness." Can you tell me who is eligible for the "Talking Book Program" and what steps an eligible patient or their family or nurse needs to take to get them on the program?

Harriet
Denver

Dear Harriet:

"Talking Books" is a federally funded program available to all who are unable to read ordinary printed material in a "normal" manner due to visual or other physical problems. This free service includes the use of braille materials or cassette or disc machines, plus the discs or cassettes to be used on them, sent postage paid. There is a regional library which conducts this program in every state, though the equipment and books may be dispensed by them from different facilities. Most of the material recorded is popular nontechnical, fiction and non-fiction, including about 70 current magazines. For more information contact your state commission for the blind or:
National Library Service for the Blind and Physically Handicapped
Library of Congress
1291 Taylor Street, N.W.
Washington, D.C. 20542
202-287-5100

Dear Mary,

As a pediatric nurse with several years experience, I was both annoyed and upset by a recent personal encounter with hospital staff. My seven year old son was admitted to a community teaching hospital for a tonsillectomy and adenoidectomy. We chose this hospital because it was near enough home to make rooming-in possible, we could have the surgeon we wanted, and the hospital had a reputation for being patient-oriented. The first and last points were important because a congenital heart defect necessitated a longer than usual stay.

Things started out poorly and went rapidly downhill. On arrival, despite previous arrangements, I was told I couldn't room-in because all of the parent rooms were filled. Fire laws forbade the use of cots so I could either sleep in a chair or go home. I chose the former.

The initial pre-operative injection was prepared by a student nurse who explained to my son what she was doing. Then her instructor came in and asked him whether he wanted the shot to hurt a lot or a little. Being seven, he focused on the "hurt" and it took quite a while to calm him down.

The next day, as he came out of the anesthesia after successful surgery, the day nurse came in and offered him all the ice cream and apple juice he wanted. When I protested that it was too soon for the ice cream, she insisted it was necessary to get fluids into him. Luckily, the student came in and replaced her at this point, and offered my son apple juice, telling him that the ice cream would hurt were he to eat it just then, but she'd save him some to eat later.

The remainder of the stay included an infiltrated IV, another ice cream pusher, and many questions as to why my son needed his mother — wasn't he a big enough boy to stay by himself?

The whole experience really opened my eyes as to what it's like to be on the patient's side of the fence. Our at-home preparation for the hospital stay did very little good. Of all the nurses we encountered only that one student was positive and helpful. I wish *she* had been in charge of his case.

Nora
Minneapolis

Dear Nora,

It's regrettable that your family's experience of other nurses' behavior was so negative. Happily, the roles of instructor and student are becoming more flexible so that students such as the one your son encountered, who demonstrate a high degree of competence, will be given more freedom to operate independently. Obviously, not every student is capable of independent action and it is up to the instructor to assess each student's level of competence and organize student assignments accordingly.

Your rooming-in experience is especially unfortunate since this is one of the reasons you chose this hospital. It seems as if more comfortable provisions could have been made for you since the hospital had guaranteed, or at least promised, that you could stay with your son.

One of the purposes of rooming-in is for parents to give consent to any medications administered to their child, and to monitor any treatments and evaluate the results. The nurse- or physician-parent in this situation probably has greater advantage than the lay parent. Also, any child or adult who needs physical, emotional, or psychological support should have the right to have a family member or friend present, regardless of the patient's age. The hospital personnel who couldn't understand why you were staying with your son displayed real insensitivity to how difficult a hospital stay can be for a person unfamiliar with the setting.

Additionally, when your own child is admitted, you react differently than if you were treating a child in a professional capacity. In this instance, a letter to the administrator of nursing at that hospital noting your comments (perhaps without names if it makes you more comfortable), with a copy to the student's nursing school director, would be constructive and helpful to others.

Correction

The citation for the *Fiorentino* case in footnote 6 of Holder & Lewis, *Informed Consent and the Nurse*, Nursing Law & Ethics 2(2):1,8 (February 1981) is incorrect. This case was reversed on appeal. The correct citation is: *Fiorentino v. Wenger*, 272 N.Y.S.2d 557 (App. Div. 1966), *reversed* as to the hospital, 227 N.E.2d 296, 19 N.Y.2d 407 (1967) The final decision held that a hospital will not be held liable for a surgeon's failure to obtain informed consent "unless it had reason to know that the act of malpractice would take place."

The error was the editors', not the authors'.