Spirituality and nursing practice

Judy Harrison and Philip Burnard, Aldershot, Avebury, 1993, 213 pages, £32

Spirituality, qualitative research and experiential education are in vogue among nursing opinion-formers. This book concerns all three and is a key approach to contemporary nursing thinking, influenced by North American ideas, particularly 1960s humanistic psychology. The authors are a nurse tutor and a senior nursing lecturer, who is also a prolific writer on psychiatric nursing, spirituality, ethics, experiential education, AIDS, self-awareness, counselling and computers.

The book is written in three sections. The first section surveys current nursing literature on spirituality, overwhelmingly North American, and also includes references to Sartre and Tillich. This section provides the pre-suppositions for the rest of the book. The position taken, in line with much current nursing thinking on this issue, is that spirituality concerns the existential Angst, the search for personal meaning: although this may be expressed through organized religion, this is merely one mode, which has no basis in any intrinsic metaphysical reality because there is no universal truth.

The authors conclude that nurses practising holistic care will need to attend to their patients’ existential state and hence will need to explore their own. The second section describes a qualitative study: ten nurses are interviewed and their various opinions on spirituality are interpreted by the authors according to their presuppositions. The final section discusses the experiential education process of facilitating the development of spirituality among nurses through shared group activities. In conclusion the authors discuss their feelings about the study and reiterate their original position.

Four interdependent ethical questions arise. The first concerns the issue of veracity. Does the authors’ experiential position, which they claim is representative in nursing, turn significant intellectual questions into descriptions of feelings and hence stifle academic debate? There is no place here for an in-depth, rational and critical analysis of ideas because knowledge is not concerned with the discovery of truth but the uncovering of personal meaning. Thus we are offered no discrimination between contradictory statements about what spirituality is, and no discussion of their underlying assumptions. Ideas are taken piecemeal to support the authors’ position, which often seems confused. So, for example (pages 64–66), the ethical positions of Bishop Butler and Charles Kingsley are appropriated without reference to their Christian principles and linked without differentiation, to Sartre’s concept of the individual ‘entirely alone and abandoned’. The authors proceed to mention Kant, Bentham and J S Mill and conclude that there are no rules of certainty for human behaviour, after which they assert the rule that ‘each person has to be regarded individually’ followed by the statement that ‘All patients must be treated alike’. Although claimed to be liberal and democratic, the authors’ unflinching advocacy of their position might make us wonder if their approach is in fact hiddenly dogmatic.

The next question concerns the authors’ theological ethic. Does the author’s primary emphasis on spirituality introduce an inner meaning undermine the religious conception of God as transcendent, being and thus the place of worship for the patient? It is argued that the majority of people, including doctors and nurses, regard the spiritual dimension as beyond the secular and linked to God. Ironically, evidence from the study supports this argument, yet even so the authors repeatedly call for the relegation of a traditional religious interpretation. Accordingly, the role of the chaplain is virtually ignored, despite his or her being recognised by the nurses interviewed as an invaluable member of the health care team.

The third ethical question concerns intrusiveness and queries the authors’ expectations that, even unasked, nurses ought to process and counsel the deepest feelings of vulnerable patients. Despite noting evidence from this and other studies that nurses are uncomfortable about initiating such conversations, the authors do not waver in their opinions. They do, however, admit that feelings might be stimulated in patients which the nurse has inadequate expertise (and we might add time) to deal with. One wonders how the nurse would cope with the situation which could so easily arise given the authors’ predilection for Sartre: the patient sees there is no meaning, life is absurd and he or she is alone?

The final ethical question is historical. Has this approach separated the backgrounds who are effectively present representing their individual views rather than those of any community group, may be unclear as to their role and feel inhibited in expressing their views. Unless given training and guidance of what is expected of them they are likely to be able to contribute little.

In reviewing the methods of working of the committees in several countries, the author has found that the general lack of impact made by most lay representatives results, in practice, in the ethics review becoming a process of self-regulation by researchers and research institutions. Although the author provides some suggestions as to how the furtherance of the interests of subjects of research might be achieved on such committees, ie, by projecting the role of society both in the promotion of research and in the protection of research subjects, this can be difficult. He advocates the appointment of equal numbers of research and subject representatives and suggests that subject representatives should have support from groups they represent, such as the Community Health Councils in the UK. Indeed he feels that such members should be accountable to the human participants in research and receive support from groups representing these individuals. Another way of reducing the imbalance that arises from the influence of the research representatives would be to split the function of the committee, having a separate scientifically-based committee deciding on the scientific validity of a proposal before the submission reaches the ethics committee. This would lead to more equality of influence in the final decision-making on the ethical issues. The book provides useful appendices and references although there is a tendency to unnecessary repetition between chapters.

If support is to be given to the arguments put forward, the cost in terms of education and even in the recognition of the work of lay subject representatives — particularly if any surveillance of ongoing projects is to be taken on, as advocated — will have to be met. This, however, does not appear unreasonable in a world that is becoming less altruistic yet more vocal in its concern to protect research subjects from unethical research.

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The origins and because it ignores nursing tradition? The origins and development of nursing and the ethic of whole person care, both historically and culturally, derive from a view of the person as irreducibly and inseparably a material and spiritual creation. Although growing ever weaker, this ethic is still implicit in nursing. As the interviewed nurses assume, and as the authors are eventually forced to recognise, spiritual care is not a self-conscious addition to nursing care but the very way of love.

Despite the price this book will undoubtedly become a nursing textbook on spirituality but I hope that it will also form part of a wider academic debate in nursing. For those outside nursing this book is a window into modern nursing theory.

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At women’s expense: state power and the politics of fetal rights

Cynthia R Daniels, Cambridge, Massachusetts, Harvard University Press, 1993, 183 pages, £15.92 hc

The language of maternal-fetal conflict, this book’s concern, is now part of English law. In the recent S case a Caesarean section was ordered on a pregnant woman against her will, despite her previous successful vaginal delivery when doctors had also predicted that only a section could save the baby. Now there is great uncertainty about the longstanding common-law tradition that the fetus has no legal personhood.

The S judgment – which has been denounced by the Royal College of Obstetricians and Gynaecologists – cited the 1987 US case of Angela Carder, a young woman with cancer who became pregnant while in remission. She agreed that a Caesarean section could be performed if necessary after the twenty-eighth week of pregnancy, the point at which her attending physicians thought the fetus stood an acceptable chance of survival. In the twenty-fifth week of her pregnancy she took a radical turn for the worse. The trial judge ruled that she had no interests because she was dying, and that the survival of the fetus was the priority despite its poor prognosis.

The baby died within two hours of the operation; Angela Carder died two days later, having regained consciousness long enough to learn that her child was dead.

After Carder’s death the trial court decision was reversed, and women’s right to bodily integrity re-stated firmly by the US Court of Appeals. Yet as Daniels ably and convincingly argues, there are many countervailing straws in the wind. Carder had not viewed herself as in conflict with her baby; she gave permission for the Caesarean at the age of likely fetal viability, knowing the risk to herself. The conflict was in the eye of the beholder, the trial judge; but the assumption of conflict between mother and fetus has now become general, Daniels argues. Although no one, not even a parent, can be forced to donate an organ to a relative, pregnant women can and have been forced to have blood transfusions against their will, made to deliver in leg and arm restraints, and physically detained in hospital, particularly if they were suspected of drug use.

How can such mediaeval barbarities occur in what some call the ‘post-feminist’ age? The new politics of fetal rights is in part a backlash reaction to the comparative success of feminism. The very ‘permission’ given to women by abortion statutes (in this country) and case law (in the US) has now been turned against them. Once a woman decides to continue with her pregnancy, fetal rights activists argue, she loses the right to bodily integrity. If fetal monitoring, Caesarean section, or restriction of her drug and alcohol intake will benefit the baby, in this consequentialist argument, the state should intervene to protect ‘the tiniest citizen’.

Daniels reports from three main battle zones in which the rhetoric of maternal-fetal conflict has affected polity in the United States: medical interventions in pregnancy, ‘health and safety’ policies which ban women of childbearing age from certain forms of work unless they can prove they have been sterilised; and prosecutions of pregnant female addicts for ‘supplying drugs’ – through the placenta. Although Daniels concerns herself solely with US case law, in the first two areas the opposing forces have also made inroads into British terrain: through the S case and a 1981 decision in which ICI was allowed to bar women from working with a chemical linked to cancer, rather than try to make the chemical less dangerous.

It is developments in medical technology, as much as the backlash against feminism, which Daniels identifies as the origin of the new fetal rights policies. In the most interesting and original chapter of the book, chapter one, she points out that ultrasound scanning and micro-surgery on the fetus make the mother ‘transparent’, and thus invisible. Advances in the age of fetal viability and popular misunderstanding of in vitro techniques also contribute to the rhetoric of the independence of the fetus, ie, its ability to survive outside the mother’s body. ‘The women became the “maternal environment”, the “operating womb”, and even the fetus’s “intensive care unit”’.

This incisive and insightful book uses the three core areas as a springboard to a broader discussion of the right to self-sovereignty and the inadequacy of its formulation. Although Daniels’s discussion is primarily in terms of political theory, there are obvious repercussions for the principle of autonomy in medical ethics. ‘Such concepts seem both essential to women’s empowerment and yet incapable of capturing the potential, developmental and relational nature of pregnancy or the deeply social nature of reproduction. The politics of fetal rights thus suggests the need to rethink the concept of self-sovereignty from the point of view of the female body.’

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Ethical responsibilities in European drug research

Edited by Peter N Bennett, Bath, Bath University Press, 1990, 84 pages, £15.00 hc

This book contains a series of very short, readable essays on different perspectives on ethical and legal issues in drug research in the EEC. The essays are updated versions of papers given at a symposium held at the Maison de l’Europe of the European Parliament, Strasbourg on 14–15 September, 1989. The symposium was held in the light of recent legislative trends in several European countries which sought to protect the rights of