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# Letters to the editor

*Letters received from readers in response to articles and ideas published in ANS are regularly featured, providing an opportunity for constructive critique, discussion, disagreements, and comment intended to stimulate the development of nursing science. Unless otherwise stated, we assume that letters addressed to the editor are intended for publication with your name and affiliation. As many letters as possible are published. When space is limited and we cannot publish all letters received, we select letters reflecting the range of opinions and ideas received. If a letter merits a response from an ANS author, we will obtain a reply and publish both letters.*

## NURSES' AUTHORITY TO WRITE DNR ORDERS QUESTIONED

*To the editor:*

I congratulate authors Yarling and McElmurry on their well-argued position as set forth in "Rethinking the nurse's role in 'do not resuscitate' orders: a clinical policy proposal in nursing ethics" (ANS 5:4, July 1983). I agree with the authors that nurses as well as physicians are in a position to implement meaningfully the patient's decision not to be resuscitated by writing the DNR order on the patient's chart. On a theoretical and practical level, however, the issue of who has the authority to write the DNR order is not nearly so troublesome as what the authors describe as a "precondition" for such an order, namely, the determination that the patient has terminal status or is the victim of an irreversible disease. This precondition is troublesome for two reasons.

First, the relationship between terminal status and irreversible disease is not made clear. A patient might have what could easily be labeled an irreversible disease process (say, for

example, diabetes) and yet not necessarily have terminal status. Do the authors intend that such a patient is eligible to make the DNR decision? Secondly, any policy that gives nurses the authority to write DNR orders can easily be circumvented if the precondition is not met. Is there any real reason for thinking that physicians who have been lax about conveying the rationale for their DNR orders via the patient's progress notes will be conscientious in making clear statements regarding the terminal status of the patient? If the physician cannot or will not make such statements, the nurse will never be in a position to write the DNR order.

It is important that these problems regarding the precondition for implementation of the patient's DNR decision be resolved before nurses are invited into the fracas of writing DNR orders. Thanks again to authors Yarling and McElmurry for a thought-provoking proposal.

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## DISCARDING QUANTIFICATIONS

*To the editor:*

Susan Gortner (ANS 5:2, January 1983, p 1) correctly states that I have *suggested* that experimental or scientific methods may be incompatible with a humanistic, holistic philosophy. She further states that my solution to this possible incompatibility "is to discard quantifications" (p 1).

My initial reaction to the word "discard" (which I never suggested) was to point out the patent absurdity in the idea that we in nursing research could transcend the dominant West-

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ern mind set and the numerical perspective from which our society gazes at and gradates all of life's experiences. That, indeed, would be a task of no small consequence.

Upon further reflection, though, I am now more concerned when the word "question," which was used in the referenced article, is translated within the same language to the word "discard." The words are not in any way synonymous, and, even if viewed as a possible sequential trajectory, could then have as appropriately been translated into the word "acquire" as in the acquisition of new knowledge, a fresh perspective, or a reexamined world view.

Nonetheless, Dr. Gortner chose to synthesize my thoughts on quantification as leading to discarding quantification. Following that line of reasoning, I began to experience some spontaneous thoughts about the "good" that might come from discarding some of our quantifications, such as measuring our "being" in arbitrary years, our space in pounds, our intelligence in points, and evaluating our attributes or lack thereof on every imaginable scale. Oh, to be a "ten"! Perhaps, then, Dr. Gortner's inference is not as inaccurate as it is

radical, and it is that point I wish briefly to address.

A radical argument against quantification is strained if viewed only as a symbolic numerical system of communication. The argument *precedes* quantification and specifically has to do with freeing ourselves from causal determinism, the whole basis of the scientific method.

It seems to me that despite impressive levels of significance and the use of the word "probability," there are few instances behaviorally that enable us to predict what people will do or how they will behave based on causal generalizations. Is this such a radical view? I suggest it is not. The view is advanced in our many philosophical statements concerning the nature of the human condition, man's inherent freedom, and his right to self-determine his reality. What would be radical, I suppose, would be to act on those beliefs and values.

Patricia L. Munhall, RN, EdD  
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#### CORRECTION

In the October 1983 issue of ANS (6:1) two errors were made in the article "Manifestations of Consciousness and the Developmental Phenomenon of Death." On page 29 the correct sentence should read "Finally, Ludwig identifies decreased alertness or relaxation of critical *faculties* as a fourth category of variables." On page 32 the correct sentence should read "In this context, death can be viewed as an *alternation* between two states of being; . . ." We regret any inconvenience the errors may have caused the author or the readers.