
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.

THE MORAL FOUNDATION OF NURSING

To the editor:

The article, "The Moral Foundation of Nursing," by Roland R. Yarling and Beverly J. McElmurry (*ANS* 8:2, January 1986) was stimulating and provocative. I would like to comment on some areas of significance this article has for the nursing practitioner.

I think this article provides a beacon of hope for nurses in institutions, who deal with moral dilemmas more often than we would like to realize. It offers hope that those identified as leaders within our profession, by virtue of their education and position, are not "up in the clouds" but do visualize and ponder the struggles and accomplishments of those who choose to practice nursing from day to day.

The recognition of the moral decision-making process leads one to question what variables are most significant in forcing a nurse to act in a given dilemma. Qualitative and quantitative research in this area would offer a deeper understanding of the process and possibly provide direction. It is important to note the authors' point that understanding the dynamics does not give absolution of responsibility.

I believe that those of us in nursing administration are provided a challenge to foster and support an environment in which the nurse is free to be moral. As a beginning, we can use existing structures such as peer support groups, quality assurance programs, and staff development programs. As a group, nurses need to advocate nursing representation at executive levels of powerful outside organizations that have a regulatory function that can become a power base for institutional reform.

I have shared this article with my colleagues in the hope of raising their consciousness about this issue and stimulating thought and discussion about the nurse-patient relationship and how we can better serve the rights of our patients and our nurses.

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NURSING'S PRIORITIES

To the editor:

To rephrase a proposition, "a woman is only as big as the things that make her mad." From that perspective your editorials have consistently called our attention to the dialectic of damage inherent in our 20th century progress and the historical patriarchal system that might label you and Wilma Scott Heide (editorial, *ANS* 8:1 [October 1985]) as "mad women."

I am grateful to both of you. Though concepts such as power, ethics, and moral responsibility are prevalent in our literature we often seem rendered impotent when translating concern to action. Your "what if's?" may seem radical, even revolutionary. I say bravo.

We do not, I believe, have the luxury of time, as in the past, to order and reorder an agenda of priorities. Our priorities as you enumerate them need to attend to the quality of

life that is persistently threatened when war is present, when hunger and psychological impoverishment exists, when people suffer as much or even more in our health care institutions than out of them, when research for cure is a political rather than a humane issue, and so on. Can we afford moral lassitude and intellectual skepticism? You answer the question eloquently.

The world may have lost one of the most articulate human rights activists, Wilma Scott Heide, but her philosophy and, as important, her courage seem to be reflected through your morally profound work. Civil disobedience as you posit as an action is morally serious. Yet I can't think of any cause in the name of liber-

ty, justice, and equality that was not predicated on acts of civil disobedience.

I think your suggestions are revolutionary and perhaps radical (a word associated with reform). I admire your resilience, your courage, and your anger about inhumaneness (actual or potential, to use nursing terminology) in using the privilege of the editorial page to call us to moral action. "Little Women" once had its place. Today the survival of living systems may depend on "Mad Women."

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CREDIT

The quote on p 59 of *ANS* 8:3 (April 1986) was reprinted with permission from Giorgi A, *Psychology as a Human Science*, Harper & Row, 1970. In addition, please note the following correction:

Moreover, it is precisely the prejudice that Third Force psychology [nursing] must be either antiscientific or nonscientific that we would like to challenge. . . . We would insist upon the relevance of the term *human* to those who want to build a psychology [nursing] of the human person according to the conception of science. . . .