
REFERENCE

Rogers ME: *An Introduction to the Theoretical Basis of Nursing*. Philadelphia, F.A. Davis, 1970.

*Dona J. Lethbridge, PhD, RN
Postdoctoral Scholar
Department of Parent and Child Nursing
University of Washington
Seattle, Washington*

To the editor:

Margarete Sandelowski's approach to ethical issues in reproductive technology is interesting and challenging but very narrow in its interpretation of the role of nursing intervention. Her point is well taken that nurses generally have accepted technological advances uncritically "in hopes of extending nursing's sphere of influence and humanizing increasingly machine-oriented health care." To then claim that reproductive technology is challenging the foundation of nursing by altering nurse touch is to deny nurses' problem-solving skills and ingenuity; no nurse worth her salt finds fetal monitor belts a barrier to back rubs, effleurage, or any form of physical or emotional support. Nurses who will sit at a central monitor station watching a contraction strip rather than be in the room with the laboring woman are the same nurses who sat at the central desk talking to each other prior to the advent of modern technology. During in vitro fertilization attempts, the conscientious nurse is still there holding the patient's hand, explaining what is going on, assessing, validating, and utilizing the woman's own perceptions, sharing her feelings of joy or disappointment at the outcome of egg retrieval.

Sandelowski's views about the bonding process are equally one-sided. While it is important to consider the potential long-term effects of externalizing knowledge about the fetus, as may occur with early ultrasonography, it is equally necessary to consider the effect of improved outcome (resolution of infertility

and reduced fetal wastage) that the new technologies have brought us.

If an argument can be made that reproductive technology is valenced toward both attachment and separation, then perhaps it is not valenced at all, but simply available to be used as directed by the particular nursing values system that is responsible for its application; as nurses who believe in the dignity of the individual we should be putting our emphasis on creative nursing interventions that embody holistic principles and empathetic touch.

*Judith Bernstein, RN, MS
Clinical Nurse Specialist in
Reproductive Endocrinology & Infertility*

Kristine Kellerhouse, RN, BSN

Author's reply

I appreciate the interest in my article. I was warned the article might generate some controversy, although I have also received comments affirming the ideas I presented. In the article, I integrated the ideas of feminist scholars, who see the dystopian potential of these technologies, with those of more sanguine observers and clinicians. I presented this integration in language I believe conveys tentativeness, speculation, and suggestion. Nowhere do I assert that nurses or childbearing women are unfeeling or conditioned automatons. Nor did I assert one rigid view of women's needs or maternal-infant attachment, or suggest the lack of any beneficial outcomes of these technologies for women and infants. The article does not in any way contradict the idea of recognizing diverse world views and environments. Lethbridge's discussion of the impact of amniocentesis supports the thesis of the article that technology is altering the way women experience childbearing and that these changes must be acknowledged and explored.

What I do assert, with the assistance of sensitive feminist scholars, is that integral to each technology is a system of values, assumptions,