LETTERS to the Editor

UNDERSTANDING ADDICTION

I was disappointed with "A Good Nurse?" (*Reflections*, October 2012), which displayed a limited understanding of nurses and of anyone who battles addiction.

The word "junkie" is such an offensive, common word to use to describe a professional nurse who struggles with addiction. It's like calling a woman a "slut" for having sexual relations.

I'm a professional, good nurse, and I'm also an addict in recovery. My addiction was very personal, as is my recovery. However, Theresa Brown, the author of this article, makes the nurse's addiction about herself and the other nurses, about how they were betrayed. Then she admits, with surprise, that the addicted nurse took good care of the patients. She had remained competent.

That's because she *was* a good nurse. This is not to say it's all right for nurses to be impaired at work. But addiction doesn't mean the professional is unable to function. Those in the medical profession should be better educated about addiction. They should understand how the professional caregiver functions while on drugs.

Also, I question Brown's conclusion that "potentially one in 11 nurses" has addiction problems. In the United States, addiction is an epidemic, and, many times, the medical profession enables addicts. Look at the abuse of prescribed drugs!

Let's educate nurses rather than perpetuate the misunderstanding of professional RNs who have a problem with addiction. The author should have tried to be part of the solution, not the problem.

Name withheld upon request
Chicago

I was saddened by *AJN*'s decision to publish this article. Brown lacks even the most basic knowledge of the neurobiology of substance use disorders. People with substance dependence lose the ability to make reasoned decisions about drug and alcohol use, a point explained by Nora D. Volkow, MD, director of the National Institute on Drug Abuse at the National Institutes of Health, almost a decade ago in an editorial in her organization's publication.[1]

Most upsetting was Brown's decision to describe the nurse as a "junkie." Should we call people with obesity "fat slobs?" Are women with postpartum depression "hysterical"?

The National Council of State Boards of Nursing's *Substance Use Disorder in Nursing Manual: A Resource Manual and Guidelines for Alternative and Disciplinary Monitoring Programs*, which is available free of charge at www.ncsbn.org/2106.htm, provides accurate information and "practical and evidence-based guidelines for evaluating, treating and managing nurses with a substance use disorder."

Allowing ignorance and prejudice to determine how we treat our patients and colleagues with substance use disorders is ethically and scientifically indefensible.

Janet Pickett, RN, CARN, CADC
Des Plaines, IL

REFERENCE

1. Volkow ND. The addicted brain: why such poor decisions? *NIDA Notes* 2003;18(4).

Author Theresa Brown responds:
I appreciate the letter writers' impassioned defense of addicts who are also working professionals. However, except for their dislike of my use of the word "junkie," I don't see a contradiction between their descriptions of addiction and my portrayal of a drug-addicted nurse in the column.

I used "junkie" very deliberately, and then called it an "ugly word" to make it serve as shorthand for our society's generally unforgiving attitude toward drug abusers, particularly narcotics users. It's easy to judge addicts. At the end of the column, I undermine my own use of the word "junkie" when I say there was more to this nurse than just drug abuse—that, in fact, the nurse was a committed professional.

In health care, safety is paramount, and serious mistakes already happen much more often than they should, making the possibility of working with a staff member who is cognitively impaired due to narcotic abuse disturbing and scary.

"Junkie" was a rhetorical gesture, attempted to make a point about how easy it can be to thoughtlessly condemn drug abusers. My apologies if its use in this column appeared to reinforce the kind of judgmental attitudes it was supposed to challenge.

WEIGHT CONTROL

"Girth of a Nation" (*Editorial*, July 2012) was very timely and left me wondering: At what point do we stop blaming others and start taking responsibility ourselves?

This past year, I set out on a health campaign of my own. After being awoken one too many times by my husband due to my snoring, I knew I had to do something about my weight. My 40th birthday was soon arriving, and I couldn't stand the thought of being 40 *and* fat. My family was also

Needleless Connectors for IV Catheters: Erratum

In the November 2012 issue, the article "Needleless Connectors for IV Catheters" included a table that contained an error. In the Priming Volume column of Table 1, Baxter HealthCare's One-Link is listed as having a priming volume of 0.8 mL. The correct priming volume is 0.08 mL.

suffering from a lack of healthy food and exercise, and my children were developing an increased attachment to the TV.

I've lost 60 pounds since last March. After losing 15 pounds, I stopped snoring (much to my husband's relief); by the time I lost 30 pounds, my cholesterol had gone from 228 to 134. In early October, 11 days before my birthday, I hit my goal. My whole family is now eating better and exercising more.

My experience has made me realize that, as a nation, we need to initiate change. This can be done in a sensitive way, but it needs to be done now. I never believed I had it in me to make such a change, but I did, and other Americans must, too. The health of our nation depends on it.

Laurie Esdale, RN
Sandwich, MA

DIFFERING HEALTH CARE VISIONS

In "The 2012 Republican and Democratic Health Care Platforms" (*Policy and Politics*, October 2012), Joyce Pulcini does a disservice to nurses. All of the analysis relates to how nurses can benefit as an interest group. While touting many of the benefits of the Patient Protection and Affordable Care Act (ACA), she fails to mention the many new challenges that hospitals and physicians (and thus nurses) face.

Even if the rosy picture she painted were remotely accurate, nurses should still oppose the new legislation. No doubt our spokespeople would justify voting for the candidate who promised to legislate higher wages for nurses. But nurses are also citizens, and as such should be concerned with deterioration of individual responsibility, the utter disregard for constitutional principles (especially enumerated powers and federalism), and the long-term price (financial and otherwise) of continued government interference in the most private of matters. Transforming citizens into subjects is too high a price to pay for many of us.

The ACA is hardly a boon for the health care industry, despite the few benefits it offers certain groups. Moreover, many working nurses I've encountered—in Texas and Philadelphia—disapprove of this attempted takeover of American health care.

Joanna L. Whitesell, RN
Philadelphia

This article helped me to better understand health care reform in the United States. The U.S. elections are a lot more exciting than ours here in Canada, so we tend to take a great interest in what happens south of our border. It was helpful to read this article and see the two candidates' health plans laid out so clearly.

Here we have universal health care and only pay out of pocket for cosmetic procedures and some eye exams. It's difficult to understand how Americans can be charged thousands of dollars for health care while living with the fear of losing their homes or acquiring huge debt to pay their health care bills.

Janet A. Zablocki, RN, IBCLC
Toronto, Ontario, Canada

Thank you for publishing this excellent article. I used it as a basis for class discussions with my graduate students about the presidential election and the ACA.

Nurses everywhere should breathe a sigh of relief that the election results will mean the ACA can be implemented, and nursing's vision of quality health care for all will finally be realized in health reform. As a profession, we can be proud that the American Nurses Association has advocated—for many years but especially now—for universal access and equitable and preventative health care. Not only will many more of our patients have insurance coverage and access to better care under this health reform, the law now recognizes how nurses are critical players in an improved delivery system, as leaders, managers, and clinicians.

We must continue to translate our beliefs and values into political action. And because the opponents of health reform have spread so much disinformation, we must continue to explain the benefits of the law to our patients and nurse colleagues. Joining with our nursing organizations to advocate full implementation of health reform is more important now than ever.

Mary Ann Hart, MSN, RN
Cambridge, MA

Where are the comments from nursing leaders who oppose the health care plan advocated by President Obama?

Andrew V. Battles, MBA, BSN, RN
Kansas City, MO

Author Joyce Pulcini responds:
My intent in this article was to be as balanced as possible. I solicited comments from key nursing leaders based on their prominence, not on their opinions.

IN FAVOR OF PRIMARY NURSING

In 38 years, I've practiced in just about every care-delivery system ever dreamed up. Returning to team or functional nursing would be an enormous mistake ("It Takes a Team," October 2012).

Primary nursing—with a reasonable patient assignment load—is most satisfying, because primary nurses regularly confer with the interdisciplinary team—the only team that patients (and this professional nurse) really need.

With primary nursing, the buck stops here, with me, and that's how I hope it will stay.

Theresa Stephany, MSN, RN-BC
San Diego ▼