

REVIEW

Stuart F. Spicker and Sally Gadow, Eds., *NURSING: IMAGES AND IDEALS*. New York: Springer Publishing Company, 1980 (Paper, 193 + xxvii pp., index).

This is a collection of eleven original essays (plus an introduction) by twelve contributors. The essays are grouped around two general themes: cultural images of nursing, and philosophical perspectives on nursing practice. The emphasis is rather heavily on the philosophical side, as would be expected with eight of the contributors holding positions in philosophy departments and only four in departments of nursing. Despite the lack of diversity of professional affiliation, three distinct humanistic approaches to the study of nursing are identified and illustrated: historical (in the origin and evolution of current and future values in nursing); aesthetic (the portrayal of the experience of illness in literature); and ethical (the moral permissibility of various nursing practices and their contrast with ideal alternatives). The work is identified as "a systematic introduction to fundamental issues underlying the day-to-day problems of nursing practice."

A number of the essays are freshly controversial. Sward commences this interesting and disputative series with an historical exploration of the origins of the various trends and movements in contemporary nursing education and practice that give rise to some of the changing images and ideals of the nursing profession, and expresses the belief that the interface between nursing and the humanities may further illuminate such changes.

An exchange between Aroskar and Newton turns on whether the image of "the highly skilled but sweetly submissive nurse or tradition" is coherent, possible, functional and, in particular, preferable. The answer seems to be negative from the perspective of modern-day nurses (Aroskar) but affirmative from the perspective of modern-day patients (Newton), thereby creating a classic conceptual bind for a profession that aims at advocacy of patient's needs. Harding advances the thesis that one can grasp the reasons for the organization of the labor of nursing "only if one understands nursing as an industrialized form of traditional women's work . . . (with) the position of nursing located in the structure of health care in much the same way as domestic labor is situated in the structure of social life in general."

Gadow offers a difficult but rewarding phenomenological analysis of advocacy, arguing that the role of the nurse involves a participatory effort to bring personal meaning to the experience of illness, suffering or dying. Baker attempts to establish a theoretical toehold for the nurse's new professional image by pointing out the differences between curing the sick and caring for the sick, arguing that medicine properly claims expertise in the former but that the latter is nursing's purview, and that nursing thus becomes equally as important as medicine, and superior to it in the case of dealing with incurable disease.

Brock explores the alternative light cast by alternative rights-based and duty-based analyses of nursing ethics on the various relations in which nurses stand—with patients, with physicians, with hospitals. The Bandmans extend Brock's analysis by focusing on two theories of rights, will-based and interest-based, and arguing that the former (which grounds the doctrine of informed consent) is inadequate because of the frequent difficulty of knowing patients' true wishes. They thus defend a form of limited paternalism which justifies deception of patients when it is necessary to do so to save their lives or to avoid harming them.

Abrams enquires into the limits, generated by Rawls' strictures on civil disobedience, of the nurse's justification and right to refuse to obey orders given by a physician or administrator. Ladd takes up this theme of nurses' subjection to others' authority and power, separating out extrinsic issues relating to sociological factors (low income, sex distribution, professionalization) from intrinsic issues relating to the individual's actions in a context of authority. He distinguishes between the situation of a nurse who is confronted with the orders of a doctor or administrator whose claimed authority is spurious or exceeded, and that of a nurse con-

fronted with such orders arising out of legitimate authority, where that authority differs in its goals (e.g., curing) from nursing's goals (e.g., helping to adjust). Ladd calls for more democratic, participatory procedures as an alternative to authority-based structures of organization.

Finally, Smith detects three differing models of the nurse-patient relationship (nurse as surrogate mother, as technician, and as contracted clinician), and argues for the third model as the only one able both to fully describe what the nurse does and to avoid the anti-autonomy bias of the surrogate mother model.

This collection, while perhaps at a higher level of sophistication than that appropriate for a nursing student beginning study of the ethics of the profession, might well serve as a further stimulus to thought for a student that has worked through an introductory nursing ethics text. It should also be found provocative by anyone who has nursing experience.

An admirable effort has been made to integrate these essays by having their writers respond to points made by earlier ones, although this strategy fails to be completely realized in the case of Smith's lack of response to the Bandman's rejection of the supremacy of the principle of autonomy. The text constitutes a good first step towards generating a philosophy of nursing; but it is less successful (because unevenly balanced) in its aim of bringing several humanities to bear on contemporary nursing practice. In particular, there is little contribution from historical sources, and virtually none from literary ones, in illuminating contemporary problems of nursing—failures which might have been avoided by including specialists in history and comparative literature in the conferences which generated these papers.

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