THE NEED OF INSTRUCTION AND EXPERIENCE IN NURSING AS PART OF MEDICAL EDUCATION.

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It is well known that during the past fifty years drugs have come to hold a less exclusive and important place in the treatment of disease, while during the same period the science and art of nursing has developed and skilled nursing is now recognized as one of the most important agents in treatment. Furthermore, many therapeutic measures other than drugs have come into common use, many of them, like hydrotherapy in acute disease, being carried out by the nurse. These changes have come on gradually and it is probable that instruction in therapeutics in our medical schools has not adapted itself to the changed conditions.

Certainly there is at present no instruction in nursing and in those therapeutic measures which are carried out by the nurse which is at all comparable to the instruction given in most medical subjects. Students acquire much of their medical knowledge from what they themselves do and observe in the laboratories and clinics. These methods are not applied to the instruction which is given students in this important branch of therapeutics. The student, in his medical course, may or may not see a few demonstrations, such as changing the sheets and nightgown and the giving of a typhoid bath, but he gets no experience himself and little exact knowledge which he can apply. Even while interne at a hospital, he learns very little of the nursing of the patients; most of the active nursing work is done behind screens and the interne is too busy to make it a point to familiarize himself with the work.

It is the purpose of this paper to call attention to the importance of nursing in therapeutics, to point out some of the ways in which ignorance of nursing renders the physician's work less effective and to offer some suggestions for giving medical students practical instruction in nursing.

The importance of nursing.—The important place which nursing holds in therapeutics is readily apparent from the following considerations: In the treatment of his patients the physician has two chief objects in view: first, to cure the disease, and, second, to relieve suffering. As regards the cure of acute disease, we recognize that, except in those few diseases for which we have a specific treatment or which are amenable to surgery, there are only a few where the result is affected by treatment; the majority of patients will recover whether treated or not, and some will die despite anything that can be done. There remains a small number of doubtful cases where life hangs in the balance and where treatment may affect the result for better or worse. It is in these doubtful cases that we recognize especially the value of skilled nursing. The most essential part of the treatment is the conservation of the patient's energy. The sick patient must be moved and bathed, the clothing changed, the bowels and

bladder attended to; by doing these things with a minimum of fatigue to the patient, by tact and judgment in the giving of food, by making the patient more comfortable, thereby securing sleep, the life which hangs in the balance may sometimes be saved. These are all matters of life and death in such cases. While there is great diversity of opinion in the profession as to the value of cardiac stimulants and other drugs commonly used in these serious acute cases, all physicians will agree as to the value and importance of nursing.

Considering now the other object of treatment, relief of suffering, we must also recognize here the importance of the nurse's work. Physicians often see the change in the patient's comfort after the nurse has arrived and those of us who have had personal experience as a patient can perhaps best appreciate how much the nurse can do to give comfort and make confinement in bed endurable. It is true that for relieving pain we have many drugs (opium the most valuable) which are a great blessing to mankind, but these drugs are all two-edged swords, and I believe if it were possible to determine the net sum total of benefit from drugs on the one hand and from the work of nurses on the other in relieving suffering, the work of the nurse would stand high in comparison.

Medical education does not fit the physician to secure the best nursing for his patients.—If the importance of nurses' work in the treatment of disease has not been overstated, then it follows that one of the chief duties of a physician is to see that his patient has the benefit of good nursing. To be a judge of any work and to supervise it intelligently requires an exact knowledge of that work on the part of the supervisor. Medical education of the present day does not fit the physician to give intelligent supervision to a nurse's work and it is greatly to the credit of the nursing profession that most of the trained nurses do good work without much supervision. All of us, however, can do better when we are kept up to the mark by intelligent criticism. Trained nurses differ very much. Some lack initiative and originality and while they do well when they can use the regular methods which they have been taught, their work is inferior when, as often happens, circumstances require a modification of the usual methods to meet the needs of the particular case. It is here that the physician should be able to help the nurse, but he often fails to do so through his own lack of knowledge and experience in these matters. How can a physician be expected to help a nurse to modify methods of which he himself has no exact knowledge?

Many patients, perhaps the majority of all the sick in this state, do not have the benefit of a trained nurse when suffering from acute disease. This is especially true in a country practice where the untrained nurse, the mother, the sister or the neighbor take all the care of the patient. If we have not overstated the importance of nursing in treatment, then one of the most important duties of the physician in such a case is to instruct the attendant in the care of the patient. He needs to

give her a few exact details, but it is in regard to just these details that the physician himself is ignorant. He knows in a general way what needs to be done and he gives only general directions. Physicians as a rule enjoy giving instructions and in matters with which they are perfectly familiar, for example, in methods of asepsis, their instructions are usually definite and at times emphatic. With a better knowledge themselves of the principles and methods of nursing, physicians would be much more ready to spend a few minutes of each visit in instructing the attendant.

Physicians need to have personal experience in nursing in order to prescribe treatment intelligently.—I am convinced that on account of our ignorance of nursing and lack of experience in seeing treatment carried out, we physicians err in judgment in prescribing treatment. Take for example the giving of baths in acute disease and the use of cold water applications. These are unquestionably very valuable measures, but, under certain conditions, exhaust the patient so much that their use is unjustifiable. It may be that in a given case, where the patient is heavy and helpless, a bath would be of benefit if carried out by a large, strong nurse, who could easily lift the patient, while if given by a smaller, less skillful nurse, the fatigue caused by the pulling and hauling of the patient would more than counterbalance the good effects. To decide in these serious cases whether or not to use hydrotherapeutic measures requires experience and excellent judgment. The physician needs himself to have given baths in order to correctly estimate the strength required by the nurse, the fatigue to the patient and the benefit resulting.

For this reason I believe hydrotherapy has never taken its proper place in general medical practice. It is neglected when it might be life saving, its misuse results seriously and brings this form of treatment into disrepute. What has just been said of hydrotherapy is true of other forms of treatment which have to be carried out by the nurse.

Lack of practical experience in nursing makes it difficult for physicians to look ahead and realize what the conditions will be when their treatment is given. For example, a physician orders drugs, food, baths, etc., at certain intervals of time, without realizing at all how frequently the nurse must disturb the patient in carrying out his orders. Probably most physicians have had some such experience as this; by chance they are present when some part of the treatment which they have ordered is being carried out; what they see, the discomfort to the patient or the slight benefit resulting, leads them to change or discontinue a treatment which otherwise would have been continued.

Suggestions for giving medical students instruction and experience in nursing.—Experience in nursing could be given men medical students in the male wards of a hospital. The students would do the nursing in the wards under very careful and close supervision, the expense of the supervision

being borne by the students' fees. The discipline should be very strict, military in character, and good conduct and good work in the wards would be essential for a medical degree. As few patients as possible should be assigned to each student, so that the service rendered would be individual and personal. The students should be made to feel that they are responsible for the comfort of their patients. A nursing service of at least a month, preferably two months, should be required of each student. A part of the service should include night duty, as conditions are very different at night from the patient's point of view and a physician's knowledge of sickness is incomplete unless he has spent a number of nights at a patient's bedside. Combined with the experience in nursing there should be instruction in the various therapeutic measures which a nurse carries out. It could probably be arranged that most of the students should do their nursing during the summer, just as the engineering students have their "field work" at that time.

Objections to the plan.—There are two principal objections which will be made to this plan. (1) That the nursing of the patients at the hospital will suffer. (2) That the benefit to be derived from personal experience in nursing will not be sufficient to justify the taking of so much time from the study of other subjects in the curriculum.

In regard to the first objection, I believe that, under the conditions that have been laid down, close supervision and strict discipline, good nursing could be given to the patients. The inexperience of the medical student nurse as compared with the regular pupil nurse will be more than compensated by the closer supervision of the head nurses, by the better general as well as medical education of the medical student, the greater strength of the men and the fewer patients per nurse, so that there would be less waiting on the part of the patient, for example, when requiring the bed-pan, a not infrequent cause of discomfort and suffering for hospital patients. In short, this form of nursing instruction, as other forms of medical or nursing instruction, could be made to be of benefit to the patient as well as to the student.

As regards the second objection, the need of the medical student for experience in nursing has already been set forth and that need is sufficiently great, I believe, to more than justify the time that would be taken away from strictly medical studies. Even granting for the sake of argument that the need of nursing experience was not so great as the need of that time for the study of other medical subjects, still I think it can be shown that the student would learn, during his nursing service, as much medicine as he would were the same time devoted fully to medical subjects, and this without impairing his nursing work.

During his nursing service the student will get closer to his patients than he ever has before or ever will again. Pictures of disease, expressions, posture, types of respiration, knowledge which cannot be obtained from books or lectures, will

become impressed on the student's mind in a way that years of clinics would not do.

For training in practical therapeutics, there is nothing in the present course to compare with it. Students will become familiar with the appearance, smell, taste, mode of administration and action of drugs. There are many drugs the effects of which the physician never has the opportunity to observe. He orders the drug and is *told*, at the time of his next visit, how it acts. The nurse gives the drug and can *observe* the effect. Consider the value to the student of watching the effects of morphia or the coal tar products in relieving pain and the opportunity of obtaining a working knowledge of cathartics, giving the drug himself, observing the griping or other unpleasant symptoms, the rapidity of action and the character of the stools resulting. In no other way can the student so well learn the wealth of simple measures, which, in the hands of an intelligent nurse, can be of the greatest comfort; for example, moist and dry heat, cold compresses, ice bags, packs, baths, rubbing, counter-irritants, etc.

As a means of learning practical dietetics, this experience would have no equal. The student would learn by observation what kinds of food are easily taken and relished by the sick. After graduation, when he comes to plan the diet for his diabetic, nephritic or gastric ulcer patient, he will not remember what he was told in his lectures to give these cases, but he will remember what food he took to patients with those diseases when he was having his nursing service. The graduate interne remembers ordering "liquids," "soft solids," "extra diet with care" and other similar terms, the exact significance of which he has entirely forgotten or perhaps never knew. This practical experience in personally giving drugs and food will make the physician consider the administration of drugs and the diet more from the patient's point of view.

The student nurse will be in the wards during the visit of the physicians and will pick up much information from hearing the discussion of cases at the time of ward visits; although having wholly different duties, he would have as good opportunity to acquire medical knowledge as the students serving as clinical clerks or in other student hospital positions. If, in addition to the nursing service, a short service as interne is required for a degree, as is generally recognized should be done, the student will leave the medical school much better equipped for practice than is now the case and the public will be better protected against incompetent physicians.

Illustration of the benefit of practical experience in nursing. — As a practical illustration of the value to students of experience in nursing, I should like to offer the following: Among the physicians whose work I have at times had the opportunity of observing, there is one who has seemed to approach more nearly to my ideal of a physician than any other. Perhaps the one characteristic feature of his work which distinguishes him most from other physicians is his

regard for, and oversight of, the nursing of his patients. He uses great care in selecting his nurses, he employs a nurse oftener and calls one in earlier in the case than most physicians. In a serious case he is careful to call in a second nurse before the first one is tired. He has the reputation among the nurses of being exacting and critical of their work, but they like to work for him, and do so with enthusiasm. At his visits he always tries to make his patients more comfortable and seldom leaves without doing so.

Feeling that this physician's opinion would be of especial value, I asked him if he thought it would be of advantage to physicians to have instruction and experience in nursing as part of their medical education. He replied decidedly in the affirmative and added, "When I was an interne in the . . . hospital, I used to get up early in the morning and go into the wards and help the ward tenders in their regular work, giving baths, bedpans, etc. Others thought that I was foolish to do it, but I have always felt that that experience has been of great value to me."

I can well believe that this experience in nursing and the fact that at the outset of his medical work his attention was attracted to the problem of nursing his patients and of making them more comfortable has had a great influence on his work and has been of benefit to hundreds of his patients.

There is a feeling in the community that there is too much laboratory instruction in medical education and that the training is not as practical as it ought to be. It is probable that the real defect which underlies this feeling is not too much laboratory instruction *but the fact that laboratory methods have not been applied to the instruction given in the treatment and care of the sick*, and as a result that part of medical education has lagged far behind. The plan here outlined is but the application of laboratory methods of instruction to therapeutics and should help to restore the balance in medical education between the diagnosis and the treatment of disease.

The scientific methods of diagnosis, the very features which most characterize the advances made in modern medicine, tend to draw the physician's mind away from the small details of treatment. As a result the reputation of the profession suffers and medical science itself sometimes appears in a ridiculous light; as when, for example, we see the modern physician bringing to the aid of his patient, ill with some self-limited disease, all the advanced methods of diagnosis, chemical and microscopical examinations, blood-pressure determinations, etc., and yet neglecting to give him the only things he really needs, some simple measures for his comfort which many a mother or nurse would know enough to provide.

Accuracy of diagnosis is essential for rational treatment, but no treatment is rational where the physician fails to secure for his patient the benefit of good nursing and makes no intelligent use of the many therapeutic measures which a nurse can carry out.