EDITORIAL

THE POWER OF WORDS

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A recent article in *Time* featured a positive image of nursing.[1] In reporting on issues related to clinical trials, the reporters used as their lead story a description of a randomized clinical trial of a melanoma vaccine that took place at the St John Medical Center in Tulsa, Okla, and was cosponsored by University of Oklahoma Health Sciences Center. The principal investigator, Michael McGee, MD, was ultimately charged with concealing potential side effects from the patients he enrolled in the study as well as from the institutional review board (IRB) that reviewed the study. He also stored the vaccine improperly, failed to maintain adequate records, and mislabeled vials of the vaccine. In his original submission to the IRB, he cited animal studies, *which were never conducted*, that supported the efficacy of the drug. Ultimately, 20 separate deficiencies in the research were noted by the review board and the trial was stopped, all thanks to actions of a nurse.

Cherlynn Mathias, RN, the person responsible for the day-to-day conduct of the melanoma study, reported her concerns about the conduct of the trial to the chairperson of the IRB and to the dean of the University's College of Medicine at Tulsa. When those communications did not lead to appropriate action, she wrote a letter to the federal Office for Human Research Protections outlining her concerns about the trial. The trial was stopped, and the federal office ultimately shut down all federally funded human research at the university while it investigated the process by which research was reviewed and approved. Mathias did what nurses have done for centuries and what is central to the role of nursing: She protected the patients under her care from harm.

Any reader of the *Time* story will come away believing that Cherlynn Mathias is a heroine of epic proportions. She spoke up in defense of patients' rights, risking her own job security and the goodwill of her colleagues. The reporters showcased a nurse who understood her professional commitments and who cared for the patients entrusted to her.

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Nurses Have Rights

The story is an excellent illustration of a nurse who exercised her rights. According to a Bill of Rights for Registered Nurses recently approved by the American Nurses Association, "Registered nurses promote and restore health, prevent illness, and *protect the people entrusted to their care*…. To maximize the contributions nurses make to society, it is necessary to protect the dignity and autonomy of nurses in the workplace."[2] The Bill of Rights includes the following:

•Nurses have the right to practice in a manner that fulfills their obligations to society and to those who receive nursing care.

•Nurses have the right to practice in environments that allow them to act in accordance with professional standards and legally authorized scopes of practice.

•Nurses have the right to a work environment that supports and facilitates ethical practice….[2]

Cherlynn Mathias exercised her rights, and, in doing so, fulfilled the responsibilities attendant upon those rights. In reviewing the events of the University of Oklahoma story, it is clear that the environment initially did not support Mathias' rights and that she had to take matters into her own hands.

In the Media Looking Glass

Did the story reflect a positive image of nursing? Well, yes and no. We've already described the "yes" side of the equation. The reporters depicted a courageous nurse who consistently acted on her ethical principles regardless of personal consequences. The "no" side is far subtler. In the illustrations that accompanied the story, there are 3 pictures: one

labeled "the patient," one labeled "the doctor," and one (of Mathias) labeled "the whistle blower." Why not "the nurse"? One has to read the small print to discover that the person who took the moral stand was a nurse. We are reminded of Buresh and Gordon's[3] admonition that members of the media do not treat the nursing profession kindly when they ignore or minimize an individual nurse's contribution to patient safety.

Of even greater concern is that the reporters obviously assumed that Mathias, as a nurse, was subordinate to physicians, was not autonomous in her nursing practice, and, in fact, belonged to the physician, Dr McGee. How so? Mathias is introduced in the first paragraph as "his research nurse"[1(p47)] and is later referred to as "McGee's nurse."[1(p50)] The possessive in this case suggests that somehow Dr McGee had special ownership over Mathias. If you think we're quibbling with common usage or disagree with our point, then consider the likelihood that the reporters would call Dr McGee "Mathias' doctor" or "her doctor." In fact, if both parties had been nurses, but one in the role of principle investigator of the trial, we doubt if the reporters would have used the possessive form. We believe that the use of the possessive is restricted to the physician-nurse relationship and reflects a subordination that is not only anachronistic but is counter to all that is in the best interests of patients.

When is the possessive voice legitimate? Certainly, it's appropriate when indicating personal ownership of property. We can own a car, a stethoscope, a pen. In these cases, we use the word "my" to indicate an exchange of money for the privilege of ownership.

We also use the possessive in human relationships to indicate special emotional ties. We use the word "my" when speaking of mothers, brothers, spouses, and friends. The possessive in this case reflects a special relationship that is reciprocal. Both parties would be expected to use "my" in reflecting on their relationship.

Neither physical ownership nor emotional ties existed in the relationship between McGee and Mathias. What did the *Time* journalists see in the relationship between the physician and nurse that made them comfortable using the possessive voice to describe the nature of the relationship? We think that they saw decades of history.

The History of Nursing and Medicine

Nursing has struggled for a socially valued place and a distinctive identity since its early beginnings. These beginnings are described eloquently in 4 books published within the last year.[4-7] In reading these texts, it is clear that the relationship between nurses and physicians within the healthcare system today (and the public's view of nurses) has been affected by global history, as well as the history of healthcare in the United States. All 4 authors catalog the complexities of the relationship between medicine and nursing. All 4 provide numerous illustrations in which nurses themselves argued against assuming more authority and autonomy on the basis that such a change would be inappropriate to their gender (when most nurses were female).

Unfortunately, the relationship between physicians and nurses reflects cultural and gender stereotypes as much as it does state legislation and practice acts. For example, we wonder if the *Time* reporters would have used the same possessive form to characterize the physician-nurse relationship if the physician in charge of the clinical trial were female and the nurse were male. We think not.

Perhaps most germane to our specialty of critical care is the book by Sandelowski,[7] with the intriguing title, *Devices & Desires: Gender, Technology, and American Nursing*. She explores the effect of gender on the profession of nursing through the lens of technology. Nurses' status in society has clearly been enhanced by an ever-increasing technical proficiency accompanied by the intellectual work involved in monitoring and treating acutely ill patients. However, Sandelowski notes a word of caution about emphasizing the intellectual work of nursing and denigrating the caring that has been the forte of nurses. Ultimately, both are important to the care of patients, and the status of nursing in our society is connected to the public's understanding and appreciation for both.

Why is this insight into the journalist's view of nurses—and the cultural stereotypes on which this view is based—important? Susanne Gordon suggests 3 reasons:

> Understanding and analyzing nursing's decades-long struggle for "a socially valued place and distinctive identity" is not an academic exercise. It is central to reversing the chronic underfunding of the nursing services most of us will eventually depend on in hospitals and other healthcare institutions, and also the under-education of the nursing workforce at almost all levels of practice. And it is critical to any solution to the severe nursing shortage, which if not quickly and effectively addressed, will have disastrous consequences as the population grows older and sicker.[8(p34)]

We need to carefully choose our words when describing relationships between physicians and nurses and ask journalists who write about healthcare to do the same. Cherlynn Mathias is a nurse. By her decision to protect the patients she served, she demonstrated to the world that she was not "Dr McGee's nurse." Too bad the reporters missed the point of the story.

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