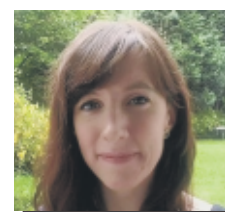


## FRIENDS OF THE SCOTSMAN /

# Legacy of the Lady with the Lamp has never seemed more important

This year marks an auspicious year for nurses around the world, as they celebrate the 200th anniversary of the birth of Florence Nightingale, the world's best known and most influential nurse. Born in London in 1820, she became known as the "The Lady with the Lamp" due to her work caring for wounded British soldiers during the Crimean War (1853-1856). She made many other notable contributions to nursing and public health, setting up the first secular nursing school at St Thomas Hospital in London and using her statistical expertise to pioneer data visualisations and lobby government to bring about improvements in sanitation and hygiene, helping reduce infections from diseases and improve human health. As the world grapples with the coronavirus, her legacy and the work of millions of nurses in countries across the globe is crucial in providing a frontline response to this ongoing pandemic.

This year has been designated Year of the Nurse and the Midwife by the World Health Organisation (WHO), with an international campaign to acknowledge and celebrate the contribution nurses make to healthcare while advocating for more investment in the nursing workforce. At the Royal Society of Edinburgh (RSE) Young Academy of Scotland (YAS), we have been engaging with the public over a number of years to raise the



Spirit of Florence Nightingale lives on amid Covid-19 crisis in Year of the Nurse and Midwife, says Siobhan O'Connor

profile of nursing. Our work is interdisciplinary and one of our key strategic themes is "Healthier" to identify and tackle health and wellbeing challenges. One of these challenges is to ensure a strong nursing workforce in Scotland and beyond in the wake of Brexit.

Our Brexit Impact Report published in September 2018 highlighted that there could be shortages in the number of nurses in the UK, as those who come from Europe and further afield may choose not to do so if stricter immigration policies and unfavourable employment rights and working conditions proliferate. In addition, several YAS members contributed to an RSE response to the Scottish Parliament's 2018 Inquiry into the Impact of leaving the EU on Health and Social Care in Scotland. The RSE's response highlighted the implications for safely staffing the NHS with enough nurses, doctors and other health professionals.

YAS has also showcased innovative nursing research and its potential to improve health as part of the Scottish Parliament's current Scotland 2030

programme. We created a short film called Our Future Scotland that captured people's vision for the future across education, wellbeing, the environment and technology. Public figures including First Minister Nicola Sturgeon and actor Brian Cox took part to share their views.

Lis Neubeck, a professor of cardiovascular health at Edinburgh Napier University, also discussed her work using novel technologies to diagnose heart conditions and the potential to have virtual nurses supporting people to be healthy at home.

As well as looking to the future, YAS celebrated nurses from the past who have made important contributions to human health. In November 2018, to mark the centenary of Armistice Day, Dr Diane Atkinson, a writer on women's history, read excerpts from and answered questions about her book *Elsie and Mairi Go To War: Two Extraordinary Women on the Western Front*, which focuses on nursing heroes during the First World War. The book charts the journey of a Scottish woman, Mairi Chisholm, and her English friend, Elsie Knocker, who



↑ Crimean War nurse and campaigner Florence Nightingale quietly heralded a revolution in healthcare and she continues to inspire women and men worldwide as we face the challenges of coronavirus

treated thousands of soldiers on the front lines in Belgium. This event was accompanied by a public exhibition, jointly run by YAS and the RSE, and the storytelling event can be viewed in full on the RSE's YouTube channel. More recently, unofficial blue plaques were created to commemo-

rate women in STEM, with one honouring Mairi Chisholm on display at the University of Edinburgh.

As nurses make up a significant proportion of the health workforce – approximately 40 per cent in Scotland and more worldwide – investing in nursing education, professional practice, and research is worthwhile as nurses play a vital role in providing many types of health services in hospital and the community. At YAS, we are committed to bringing together young professionals from all sectors to work together on initiatives that benefit Scotland and the wider world.

In this Year of the Nurse and the Midwife, we reiterate our support for nurses and call for more investment in this key professional group to help Scotland build a healthier future.

Dr Siobhan O'Connor, Lecturer in Nursing Studies, the University of Edinburgh

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RSE YOUNG ACADEMY OF SCOTLAND

## Doctors make decisions based on likely clinical outcomes, not 'value of life' judgements

All human beings are equal in value and worth, says Dr Calum MacKellar

In these strange and difficult times of a Covid-19 pandemic new biomedical challenges can arise such as in the allocation of limited healthcare resources in an emergency setting when hospitals are overwhelmed with very ill patients. If such a situation does arise despite the heroic work of the NHS, it is being suggested that some form of healthcare rationing and selection of patients should take place based on reasonable and objective criteria. This is defined as 'triage' which is a French word expressing the idea of 'sorting-out' and reflects the manner (and on what basis) patients should be selected for limited healthcare treatments.

In a way, the problem is not new since even before the coronavirus

came to the UK, clinicians have been making very similar difficult decisions. For example, because of the acute shortage of organs for transplantation, healthcare professionals have been selecting which patients should receive a lifesaving organ.

In making such a selection, however, it is important to remember that all human beings are absolutely equal in value and in worth. There is, therefore, no basis in a civilised society for racism (discrimination on race), ageism (discriminating on age) and ableism (discriminating on ability or disability). As Article 1 of the United Nations' Universal Declaration on Human Rights indicates: 'All human beings are born free and equal in dignity and rights.' This means that equality in value and in

worth is not a subjective aspiration, as some academics may suggest, but a very important reality – a fragile reality that must exist if a civilised society is to survive. In this regard, it is worth remembering from past historic experience about what may happen when this absolute equality in value and in worth of all persons is no longer recognised. Indeed, when this occurs, and when discrimination is seen as acceptable based on race, ability, age or even quality of life, society quickly collapses into barbarism and savagery. Some lives are then seen as unequal, meaning that they may be considered of lower worth or even expendable. If this happens, society may then believe that it may even be appropriate to actively terminate some lives.

This all means that, in an ideal world where there are no restrictions on healthcare resources are necessary, all individuals must be treated in an equal way based on requirements. Problems arise, however, when resources are limited. The only way frontline clinicians, engaged in the struggle against an epidemic, can then decide, ethically, which patients to treat is to select them on the perceived effectiveness of clinical outcomes and not on any other factors such as age. In this regard, it is important to remember that healthcare professionals are not trained nor entitled to make 'quality of life' or 'value of life' evaluations but only clinical decisions.

In other words, when resources are insufficient it is generally accepted that clinicians can select which

patients are most likely to really benefit from the limited clinical procedures available and recover. This then means, for example, that an extremely healthy 80-year old with the coronavirus, who is likely to respond well to appropriate care, may be given priority for treatment over a very weak 20-year old with the same infection but who has many other very serious life-threatening health problems. This is because, even with the treatment, this young person may have a very low chance of survival. Thus, the decisions in an emergency, resource constrained, environment should be based on each individual patient and his or her likely future clinical outcome. This will then take into account the seriousness of the illness, the eventual presence and severity

of other complications as well as the frailty of the patient.

Admittedly, making decisions based on such future prospects is not always easy for healthcare professionals since outcomes are difficult to predict and many patients react differently to treatment. In this context, trusting the clinicians to make the best decision they can based on their knowledge and experience is the only possible way forward.

Ideally, the triage decision should also be made by a small team of healthcare workers (and not by a single person) with significant experience of the treatment results. This removes responsibility for the decision from any one individual. Moreover, it is preferable that the healthcare workers in the clinical triage team be

different to those actually caring for the patient.

Whatever decision is made concerning a patient, however, he or she should always be given the greatest care and compassion possible.

Dr Calum MacKellar, Director of Research of the Scottish Council on Human Bioethics

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