

# Anthony Carr

AFTER many months of careful deliberation, the General Nursing Council has decided to issue guidance to the profession on nurses who limit or withdraw their services by taking some form of industrial action. I am pleased the announcement has been made and I do not object at all to the fairly long delay because it gives added weight to what is being said.

It would have been more than a little hasty if the statement had come in the heat of last winter's confrontation and even more suspicious if it had been made immediately after the extraordinary meeting of the Royal College of Nursing in February.

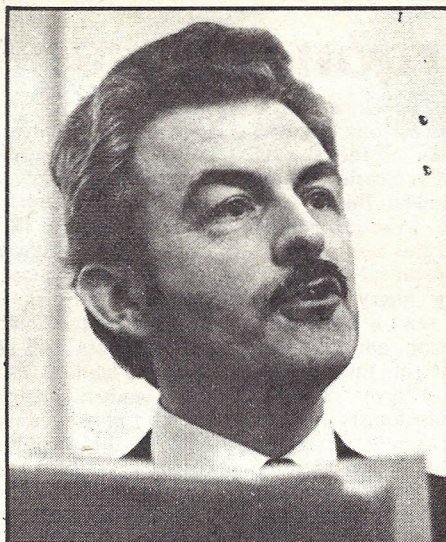
I believe I was the first nurse to pose publicly at that particular meeting the question that many nurses must have been raising: Does the nurse put herself at risk by taking certain forms of industrial action? I ask that the General Nursing Council give guidance on the matter and this it has done in the cold light of day.

The statement is unfortunately clumsily written and a footnote is needed to explain it further. This is very surprising, especially as it comes from an organisation that is educational in character. But, nevertheless, it is clear enough to convey the message that any nurse who limits or withdraws her services is liable to be called to account for her action in the form of proceedings for professional misconduct if, by that action, she puts the health, safety or welfare of her patients at risk.

The reaction of the leaders of those trades unions which took part in industrial action was to be expected – horror, anger and great emotion. How dare a statutory body with powers derived by an Act of Parliament, having a majority of nurses in its membership, make such a decision! The GNC is treading on the holy ground of the worker's right to withdraw her labour whatever the consequences. I find it very interesting that unions only use the grand-sounding word "democracy" when it suits them. Their leaders, when making their statements, quietly forget that the majority of the nurses in the GNC are elected democratically by their own nurse members. Very embarrassing to have to admit this, is it not?

The special position of trades unions of being, in many respects, above the law in matters relating to industrial action is directly challenged by the GNC statement. It has been the long-cherished right of unions to call for the withdrawal of their members' labour. There have always been exceptions like the police and, until recently, doctors and nurses. This right is seen as a basic principle which must be protected at all costs, even if the consequences are the neglect of patients or even harm coming to them. Union leaders would perhaps argue that any consequences are incidental and not deliberately planned. If anyone is to blame, it is the Government, they say. Indeed, this is said so often in the Press and on radio and television that I genuinely believe that some union officials have convinced themselves it is true.

Let me make it so clear that no one can



## Let strikers suffer the consequences

**The GNC statement on industrial action is restoring a little sanity to the situation, says Anthony Carr, ANO for Newcastle, in his first monthly column for *Nursing Mirror*.**

misunderstand. Anyone who withdraws or limits her labour is deliberately breaking her contract of employment. She is to blame personally and I believe she should suffer any of the consequences that follow. It seems we are living in a world where nobody is responsible for her own actions any more. At least the GNC is bringing back a little sanity into the situation.

A major problem of the trades unions is that they are adhering to a principle which is essentially an industrial model and it is incompatible with that of a concept of a profession with its extra responsibilities. It is even more irreconcilable when the care of patients is concerned.

For the many nurses who were in unions that called for industrial action, their loyalties were stretched beyond endurance. I did so admire the many nurses who, without fuss and publicity, quietly ignored the advice of regional or national officials and continued to care for patients. I know of a hospital where a group of nurses banned overtime (I do not call that industrial action – full-time staff are contracted to work their 40 hours, while overtime is voluntary). The ban continued for a few days but when it was announced at the end of the first week that the effects of the action was to close two wards a meeting resolved to call it off. It is a pleasure to work with such professionals.

To counteract this feeling of being a professional person, the union hierarchy has to try desperately to persuade nurses that acting in a responsible, professional manner smacks of elitism and should be frowned upon.

Unfortunately, it was the junior doctors in 1976 that made industrial action respectable. They took on the Government and won. They sowed the seeds of last winter's industrial action by demonstrating it could be done. Little did they know the harmful effects their short-term action would have three years later.

Although many nurses taking industrial action may have been genuine, I still believe that a professional nurse has a higher duty to her patient than either the organisation she belongs to or her own individual standards of living at that particular time. To leave patients inadequately cared for is cruel, dangerous, unprofessional, and introduces into the nursing profession an attitude which is incompatible to the main task of caring for people whatever their condition, status, race, colour or creed.

All I hear from the unions is about the rights of workers, never about the responsibilities of the nurse. Rarely do I hear talk of the privileges of working for people – relieving pain, anxiety and suffering. Never is there talk about the ways to personal excitement by advancing each other's knowledge and that of the profession as a whole. I believe this to be foreign to most multidisciplinary unions, or at least frowned upon.

It seems very odd that it is in order for the GNC to take disciplinary action against a nurse who neglects a patient but the situation somehow changes when a union resolves to take industrial action.

The recent angry outbursts from senior union officials should do nothing to alter the GNC's attitudes to this problem. The arguments of union leaders just confirm what many nurses in unions fear – when the rights of the union member are challenged, the patient must be sacrificed. The GNC was established in 1919 to protect the public, not the nurse. The obligation of the GNC to the nurse is to see that she is a safe practitioner by means of training, examination and discipline. The GNC must not shrink from its first duty; whatever the pressures put on it.

If there should be industrial action in the future, however, the GNC may not find it easy to take action against those who have neglected their patients. It is easy to consider cases against nurses in their ones and twos, but when it comes to several hundred in one area then the task is almost impossible.

Far better for nurses belonging to multidisciplinary unions to propose, and have passed, resolutions acknowledging the professional nature of their work and to make the stand that in no way are they going to support action that brings harm or distress to patients or relatives, or to the profession they have chosen. May all nurses take again to themselves the personal sensitivity so essential in people calling themselves "nurse" □