

first and most important, the research workers who could develop the large body of experiential knowledge into a science of nursing and ask the questions that will lead to research in nursing practice and thus to the improvement of patient care.

These graduates would also teach, particularly in the university schools of nursing; act as consultants to the government; become directors of schools, hospitals, and clinics. In short, nurses with the doctoral degree should occupy those positions in nursing that require a broad, informed, and intelligent view of the total health care field at home and abroad.

In addition to this vertical progression organized for degree credit from the basic nurse to the doctoral graduate, a lateral specialization would be offered at each two-year level. For example, at the level of the basic nurse (R.N.) many specializations could be developed. The specialized care of the patient in intensive care units of all types, including an understanding of the technology of diagnosis, monitoring, and treatment, could be learned in courses varying from three weeks to three months. In psychiatric nursing, such specializations as the care of the mentally retarded, the aged senile, the acutely ill, the long-term ill, could be learned by registered nurses in a period of perhaps six months devoted roughly equally to theory and practice.

At the post baccalaureate level, more advanced specializations might be offered laterally for those not wanting to proceed to the master's degree. For example, at this level the nurse's role might be extended to include many diagnostic and curative practices at present reserved for medical students.

Ideally, the nurse in this extended role would act as the much needed "physician's assistant." These words are placed in quotation marks because it is the patient and not the physician who needs assistance. The attention of the medical men to patients could be greatly extended if well-prepared nurses, acutely conscious of their own

proper role *vis-à-vis* the patient and the physician, were to visit patients in their homes and interview them in doctors' offices. (The method of payment for these services under our present system is a difficult question and must be the subject of another paper.) To make this effective, the nurse would require a period of internship in a variety of medical practices, during which she would be assisted to establish a healthy and productive colleague relationship with other members of the health professions and particularly with the medical men.

Also at the level of the B.S.N. there could be specializations in both hospital and community. The difference between these and the basic nurse specializations would rest in the difference in the knowledge base; the B.S.N. would deal in greater depth with the physiological, psychological, and social problems engendered by the illness or inhibiting the attainment of optimum wellness.

It is probably unnecessary to labor the point of lateral specialization further. As the theoretical and experience base increased, the nurse would be able to choose from an infinite number of medical and behavioral specializations. What is important to stress is that the lateral specializations need not be dead-ends, but could count in part or in whole as credit toward the next degree.

In British Columbia, if not elsewhere in Canada, the education of the nurse was regarded as terminated with the registered nurse licensure. As a result, the science and practice of medicine have far outstripped the knowledge of the nurses, and the needs of the community for preventive care have been grossly neglected.

The profession of nursing is the other half of the profession of medicine. Cure and care are one. Nursing is often the best and sometimes the only means of cure. The education of nurses must begin to reflect this philosophy if the health needs of Canadians are to be met.

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Abortion and morality

Has a potential human the right to live inside an actual woman without her consent?

by Paul R. Ehrlich and John P. Holdren

Induced abortion is deliberate human intervention to stop the development of a fetus. It is thus distinguished from spontaneous abortion, which occurs naturally following perhaps as many as one in three human conceptions. Although induced abortion has been the most widely practiced form of birth control since antiquity (with occasional competition from infanticide), the combined effects of four recent events have brought it fully into the public spotlight in America. These events were the rapid acceptance of legal abortion in Japan and Eastern Europe (with no obvious ill effects on society), the increase in concern over the personal and social consequences of unwanted children, the growing awareness of the need for contraception of all kinds to stem population growth, and the efforts of American women to achieve status and privileges equal to those enjoyed by men.

The principal questions that arise concerning induced abortion are also four: Is it needed? Is it safe? Is it moral? Is it the business of government or, indeed, of anyone other than the pregnant woman?

On the matter of need, the women of the world have already recorded their vote. In countries and states where all or most restrictions on abortion have been removed, the abortion rate often approaches or even exceeds the rate of live births. More surprisingly, this is true even in Italy, where abortion is forbidden both by law and by the very powerful Catholic Church. Since it can be safely assumed that most women do not take abortion lightly under any circumstances, the high abortion rate almost everywhere bespeaks a compelling need.

Nor can the need for abortion be eliminated by providing contraception in its place—although contraception should certainly be made universally available. It is not simply a matter of choosing either contraception or abortion, because the question of abortion

arises only after contraception has failed. Since failures are inevitable, both technically and owing to human error, the only choice in such cases is between abortion and an unwanted child.

The question of safety is the most easily answered of the four. Medical studies show that an abortion performed under medically controlled conditions is several times safer than normal abortion, permissible until the "quickening" (usually between the sixteenth and twentieth weeks of pregnancy). If abortion is needed by individuals and by society, is medically safe, and is not patently immoral, it is difficult to be sure exactly what is accomplished in subjecting the procedure to restrictive government scrutiny. The legal distinction between potential and actual human life is clearer than the biological one: Infants are entitled to due process and equal protection under the Fourteenth Amendment to the [U.S.] Constitution, but fetuses are not. Because of this distinction, the relaxation of abortion laws could scarcely imperil the rights of infants or of elderly and otherwise dependent people. Moreover, as Lynette Perkes stated eloquently in a letter to the editor of *Newsweek*, "... neither they nor anyone else in our society now have a right even remotely like the one in question—the right to live inside the body of another person against that person's will."

Repeal of abortion laws is long overdue. One need not relish the idea of abortion to recognize that the practice is inevitable and its legalization preferable to the alternatives. It can and should be minimized by the development and distribution of more effective contraceptives, but it cannot be eliminated. A more worthy goal for those of humane bent is to improve the lot of those children who are wanted by their parents but who face misery, starvation, and disease in an overpopulated world replete with inequity.

Such a *reductio ad absurdum* is not to suggest that abortion be undertaken

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frivolously. However, it does underline the distinction between potential and actual human beings that is already implicitly recognized by society. Denial of abortion subjects actual humans to the anguish of compulsory pregnancy and the burden of unwanted children—a burden that mothers share with siblings who may already be receiving insufficient care and attention, with unwanted children who may be abused or abandoned, and with the society that ultimately must cope with the maladjusted product. If actual human beings are of more consequence than potential ones, then abortion is moral. Those who believe that some fundamental tenet of religion precludes this view will be hard pressed to be specific. For example, even the great Catholic theologian St. Thomas Aquinas thought abortion permissible until the "quickening" (usually between the sixteenth and twentieth weeks of pregnancy).

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