

Mumsnet encourage nurses to return to work

Only scratching the surface of the real need

Review by **Pippa Peppiatt**
CMF Head of Nursing

At the start of June, Health Education England (HEE) launched a return to practice campaign with Mumsnet.¹

The aim is to recruit at least 1,000 returning nurses into adult, child, mental health and learning disability nursing per year, and at least 100 returning nurses into general practice by March 2020. For returning nurses, support available includes mentors and tutors, alongside £500 worth of financial support to help with travel, childcare and book costs. Mumsnet² will help to promote the marketing campaign and showcase video stories from nurses who have returned to the profession.

A good and creative idea, it will hopefully help some nurses return to practice. But tempting nurses to return after maternity breaks won't fix retention issues.

With one in nine nursing posts unfilled – that's nearly 40,000 nursing vacancies in the UK – the consequent lack of nursing staff is

having a big impact on both patient safety and the stress and mental health of nurses.³

Recent conversations with CMF nurses brought to light members barely hanging in there at work, and who are constantly concerned that they will make a serious mistake (and possibly lose their PIN number, in a quick-to-blame nursing culture), due to time and resource pressure. These CMF members are trying to do the best job they can, but need support. CMF can't solve hospital staffing issues, but can offer informed advice, care, compassion and prayer.

Low staff levels and unfilled posts are obviously not confined just to nurses and affect all healthcare professionals. We need better retention, support, and working conditions for all NHS staff.

In May this year, the Royal College of Nursing Congress called for the government to introduce a safe staffing level legislation⁴, which Wales introduced in 2016 (the first country in Europe to do so) and which has recently been passed by the Scottish

government.⁵ At present, nurse staffing levels are set locally by individual health providers and there is currently no compliance regime or compulsion for providers to adhere to these levels. Safe staffing level legislation would mean an obligation for health boards and trusts to ensure there are sufficient nurse staffing levels, and the skill mix to meet the needs of patients receiving care.

Obviously, this doesn't answer the question of funding, increasing demand, and the recruitment of new nurses, but at least it would be a first step in creating a safer and less stressful environment for our nurses to work in. Who knows, they may even stay.

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Eugenics

The idea that never went away

Review by **Kelly Hibbert**, a junior doctor and a Deep:ER Fellow with the CMF Public Policy team

In 2016, the State of Indiana passed the 'Sex Selective and Disability Abortion Ban'. This would have prohibited any abortion based solely on race, gender or disability. Following opposition from pro-abortion groups, a federal district court blocked enforcement of the law, declaring it unconstitutional. The State of Indiana appealed to the Supreme Court, which declined to overrule the decision.

The failure in May 2019 to reconsider this judgement prompted Justice Clarence Thomas to write a lengthy response¹, in which he states that laws such as this 'promote a State's compelling interest in preventing abortion from becoming a tool of modern-day eugenics'.²

We recoil at the mention of 'eugenics'. It conjures up images of the Nazi regime; the discrimination and genocide of those viewed as 'inferior'. However, it was well-established prior to the Second World War. Thomas describes the American eugenics movement of the early 20th century as a 'full-fledged intellectual craze'. Many states in America employed birth control for eugenic purposes. Between 1907 and 1983, more than 60,000

individuals perceived to be 'dysgenic' were involuntarily sterilised. In *Buck v. Bell* (1927), the US Supreme Court declared 'It is better for all the world, if... society can prevent those who are manifestly unfit from continuing their kind'.³

Thomas highlights that 'abortion is an act rife with the potential for eugenic manipulation'. The founder of Planned Parenthood, Margaret Sanger, whilst opposing abortion, believed that 'Birth control... is really the greatest and most truly eugenic method' of 'human generation'. Her campaign to target birth control in black communities fed into race-based eugenics. Future Planned Parenthood president, Alan Guttmacher, sanctioned carrying out abortions for eugenic purposes, saying '...it should be permissible to abort any pregnancy in which there is a strong probability of an abnormal or malformed infant.' A recent CMF blog explores the strong eugenic and racist opinions held by Marie Stopes⁴, whose life heavily shapes the work of her namesake organisation today.⁵

Nowadays, we see the effect of selective abortion on population demographics. A recent study carried out across 90 countries

found that globally, 23 million baby girls are missing as a 'direct consequence of sex-selective abortion', mostly in mainland China and India.⁶ In Iceland, almost all children with a prenatal diagnosis of Down syndrome are aborted.⁷ A topical CMF blog explores the ethical difficulties raised by non-invasive prenatal testing (NIPT).⁸ The link between abortion and eugenics is too often brushed under the carpet, as though it is unfeasible that eugenics could be permitted today. However, the ongoing US debate shows us that despite appearances, eugenics has never gone away.

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