

nurses and fear of losing what little token power they have in management. Staff nurse unions as an equalizing force in hospital power structures can meet directly with top management and trustees — something most management nurses never experience. Management nurses cannot take an objective position in the workplace. They are management and, therefore, must “sing the appropriate song” on cue.

As a past organizer for the American Nurses' Association, I found nothing more frustrating than to go to the negotiating table with a group of staff nurses in an ANA bargaining unit with a set of proposals only to find that those in opposition to our request for better scheduling, staffing, salary, etc., were the management nurses, also members of the ANA. One rather profound realization came from those conflict situations — nursing has been so busy doing itself in, that it has never been taken seriously by the power brokers of the health care industry.

I believe it is time to accept the fact that there are differences between management nurses and employee staff nurses. Perhaps, in order to meet these different needs and goals, the American Nurses' Association as the self-designated guardian cannot be everything to every nurse. While the ANA may have accomplished goals for nursing, I believe its work for staff nurses in collective bargaining is less than outstanding. I also believe it is time for the ANA to decide what it wants to be when it grows up. The ANA may consider what other associations around the world have effected — a joint effort with a real union in which dual membership guarantees the national nurses association's financial security to pursue its priorities in standards of practice.

One final note . . . with more and more state nurses associations dropping their collective bargaining services, there will be needs of staff nurses that the ANA cannot satisfy. Those needs will be satisfied by the trade union movement in this country — each affiliated union with its own structure and service program and its own priorities and each with a clear mandate that is not clouded by man-

agement domination. It is the same trade union movement that the ANA affiliates regularly go to for strike support, picket-line sanctions, and political liaisons. The trade union movement has a rich democratic tradition that staff nurses should not fear. I wish to end by rephrasing the last paragraph of the open letter as follows:

Let the eighties record that staff nurses will organize and will finally be allowed to speak for themselves, on behalf of their own unique workplace issues, social and health concerns, and on behalf of the unmet health needs of their patients.

**Karen A. O'Rourke, R.N., M.S.**  
National Representative  
The Federation of Nurses and  
Health Professionals,  
American Federation of Teachers  
AFL-CIO  
Washington, D.C.

---

### Comments on LAW, MEDICINE & HEALTH CARE

Dear Editors:

Recently, I had reason to read through all of the published issues of *NURSING LAW & ETHICS*, as I am preparing an opinion letter for a possible nursing malpractice suit, and doing research for some upcoming presentations on nursing liability.

In doing so, I have developed a renewed appreciation for your publication.

The point of this letter is to urge you to continue to address legal issues relating to nursing practice as you combine *NURSING LAW & ETHICS* with *MEDICOLEGAL NEWS* and become *LAW, MEDICINE & HEALTH CARE*. The legal issues of the practice of nursing need ongoing treatment. My hope is that your fine work in this field won't be underprioritized in the new publication.

**Kathleen Cota, R.N., J.D.**  
Attorney at Law  
Minneapolis, Minnesota

Dear Editors:

News of the Society's decision to cease publication of *NURSING LAW & ETHICS* as an independent entity has

reached me. As a member of the Editorial Advisory Board of *NURSING LAW & ETHICS*, I am sorry that economic considerations dictated the decision; it is always depressing to be forced to adjust academic activities to the soulless structures of the market. Nevertheless, I think the decision is an excellent one, for reasons that have nothing to do with economics, and I am writing to congratulate you on the change. The health care system is moving steadily away from the rigid separation of disciplines that prevailed in the past; it simply makes more sense to treat the ethical and legal problems of the health care professions in a unified format. I think the journal, *LAW, MEDICINE & HEALTH CARE*, will make an important contribution, not only to a better understanding of law and ethics in the health care professions, but also to improved interprofessional understanding and cooperation. Naturally I will be delighted to continue on the editorial advisory board.

**Lisa H. Newton, Ph.D.**  
Professor of Philosophy  
Fairfield University  
Fairfield, Connecticut

### Editor's Response

*The comments received thus far on the first issue of LAW, MEDICINE & HEALTH CARE are overwhelmingly enthusiastic and supportive of the consolidation of NURSING LAW & ETHICS and MEDICOLEGAL NEWS. The Editors and the Executive Committee of the Society are devoted to maintaining a high commitment to discussion and dialogue on the many legal issues that impact medical and nursing practice, as well as health care delivery generally. Comments and contributions from our readers are the best ways to assure that LAW, MEDICINE & HEALTH CARE will answer your educational and professional needs.*