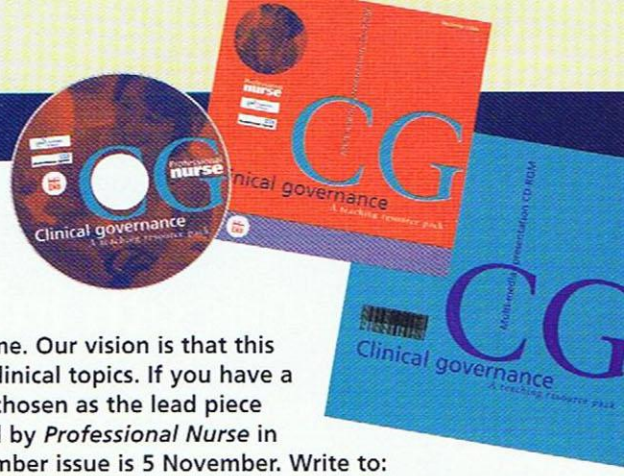
LETTERS to the editor



Win a *Professional Nurse* clinical governance pack

Letters to the Editor on clinical issues that matter to nursing and patients are welcome. Our vision is that this page should be a prime forum for the exchange of ideas and debate about current clinical topics. If you have a view or suggestion, whatever it is... please email or write to us. The letter or email chosen as the lead piece will receive a free copy of *Clinical Governance — A teaching resource pack* published by *Professional Nurse* in association with the Department of Health. The closing date for letters for the December issue is 5 November. Write to: *Professional Nurse* Correspondence, Greater London House, Hampstead Road, London NW1 7EJ; Fax: 020-7874 0386; email: pn@emap.com

Letters are invited on the understanding that the Editor's decision is final; no correspondence will be entered into; letters may be edited; and no payment is offered.

WARNING: NURSES AT RISK OF BEING STRUCK OFF OVER COVERT MMR JABS WITHOUT PARENTAL CONSENT

The company I work for provides single vaccines for MMR to a large number of clients throughout the UK. In the past three weeks we have received many calls from parents who have taken their children for the HIB booster at their local GP surgery. While there, they also received a second, unspecified vaccine. On questioning they discovered this to be the MMR combined vaccine. These parents are now gravely concerned, especially since many had already had their child immunised with single vaccines.

Practice nurses who have been told by their GP employers to administer MMR combined vaccines without the prior knowledge of parents should be aware that, unless there is a written protocol, signed by the GP, pharmaceutical adviser and practice staff, they are opening themselves up to litigation. This practice must stop before any of your readers find themselves struck off.

Sarah Dean, RGN, Direct Health 2000, London

DEMENTIA PATIENTS MUST BE TOLD DIAGNOSIS

In reference to your article (December, p198) the Alzheimer's Society believes that in most cases people with dementia should be informed of their condition.

A diagnosis will facilitate access to appropriate support, and the development of dementia drugs makes early diagnosis even more important. Unfortunately some doctors remain reluctant to disclose a diagnosis of dementia.

It is important that GPs recognise their role as a gateway to appropriate services and support. Without a diagnosis people with dementia and their carers will be denied access to many health and community services and advice, information and support from organisations such as the Alzheimer's Society.

A diagnosis is also necessary for the prescription of dementia drugs and to have treatable forms of dementia dealt with. In addition, it will allow people in the early stages of the disease to understand their condition and make plans for the future.

Neil Hunt
Chief Executive
Alzheimer's Society

A bright red scream

Self-injury is more a survival mechanism than a bid for attention

Some believe the skin's appearance communicates more effectively than words. It tells us when we are ill, lacking nutrients, drained or tired. It warns of ill health and stress.

However, this is not the communication being discussed here, but rather a powerful mode of expressing internal distress, of overwhelming and unbearable emotions — a cry for help, a bright red scream. The form of communication discussed here is that of self-injury, an intentional mutilation of the skin.

'Attention-seeking', the term typically applied to self-injury, is insensitive to the underlying trauma the individual may be experiencing. Without understanding the complexity behind self-injury it is dangerous to apply this term to someone who is already alone and isolated. Even if self-injury is an attention-seeking mechanism, this still indicates a cry for help.

Alarmingly, 35–50% of people who self-injure go on to take their lives. This illustrates the importance of understanding and intervention. Whether attention-seeking or something more complex, self-injury indicates underlying problems that should not be ignored. In most cases, however, it is far from attention-seeking. It is carried out in private and the scars are hidden. Unfortunately, the label of attention-seeker has made self-injury a more secretive act, prolonging it and increasing its severity.

Studies of patients who self-injure show that 90–99% had one or more psychiatric disorders, with 56% having two. However, it has been argued that self-injury is an independent illness rather than the symptom of another disorder. Misdiagnosing it as merely a symptom means opportunities to question what is being communicated are lost.

Statistics suggest that self-injury is serious enough to have its own diagnostic criteria — more than 24 000 teenagers are admitted to hospitals in the UK each year after self-harming. Making self-injury a diagnosis in its own right would show a better understanding of the many individuals who self-harm and may even encourage them to seek help.

Eating disorders and alcoholism could be viewed as self-destructive cries for help, so if these serious conditions are accepted as illnesses, perhaps self-injury should be too.

The most common assumption is that all self-injury is suicidal behaviour, but could it be a survival mechanism? This is a recent and plausible suggestion. Many people who self-injure are strong individuals who have experienced a lot of pain yet are still here to tell the story — a story often told through the self-injury itself.

A number of attempts to raise awareness of self-injury have been initiated — most recently by the Samaritans. The poster above was displayed on the London Underground earlier this year. It is hoped that the words on it it will break the stigma attached to self-injury. Other people's ignorance can be disastrous to those who self-injure, making that bright red scream seem their only way to express the pain within.

Nicola Davies, BSc (Hons) Psychol