

LETTERS

SPIRITUAL HEALTH

I was delighted to read "Recognizing and Responding to Spiritual Distress," (January) in which Constance Harris Sumner suggests that medicine must address the spiritual needs of patients. As a former RN, and a patient (with a life-threatening illness, hepatitis C), I've been doing research for the past eight years on holistic healing. Holistic medicine takes into consideration all three components of the human being: spiritual, emotional, and physical. After all, we are first and foremost spiritual beings in a physical body, and, to really heal, modern medicine must begin to acknowledge the person who has the problem.

I've been hanging out with some of the most brilliant researchers in the field of spirit-mind-body medicine, and I'm gratified by the scientific documentation that shows how practicing one's beliefs has a powerful and positive impact on health. Respected academicians such as psychiatrists Dr. David Larsen and Dr. Dale Matthews, as well as Dr. Larry Dossey, have given us well-documented evidence that belief in a higher power and prayers can enhance an overall sense of well-being, ease depression, reduce stress, allow the patient a better sense of being in control, and foster peace of mind. I recommend books such as *The Faith Factor*, by Dr. Matthews, and Dr. Dossey's *Healing Words: The Power of Prayer and the Practice of Medicine*.

By the way, my journey into this field not only has allowed me to heal emotionally and mentally, but also, by combining modern medicine with complementary therapies, I've even been cured of my supposedly "incurable" virus. I encourage you to recognize your patients' spiritual needs, and I urge you on your own voyage of self-discovery—on your *own* journey to wholeness.

Naomi Judd
Nashville, TN

DELEGATING TASKS

In "Delegation Alert" (February) a clinical situation is used to demonstrate the professional nurse's responsibility when

the provision of nursing care is shared with unlicensed assistive personnel (UAP). While I appreciated the acknowledgment, in the section labeled *Essentials of effective delegation*, that it's important to know state and institutional policies, this cannot be overemphasized.

For instance, in New York State, it is unprofessional conduct to delegate a nursing task that requires the skills of an RN or LPN to an unlicensed person. A UAP can be assigned only such health-related tasks as vital signs, venipuncture, and assistance with ambulation or EKGs. Delegation of a nursing task can only be between licensed nurses—RNs and LPNs—depending upon the level of knowledge or skill required.

Nurses must understand that the performance of any task, nursing or health related, depends upon the patient's need for care, the competency level of nurses and other caregivers, standards of nursing care, and the laws and regulations of a particular state. There is no magical solution inherent in delegation or assignment, regardless of state differences. It's essential for professional nurses to understand how to deliver safe, quality nursing care to all patients in accordance with the legal scope of nursing practice, thus preventing harm and supporting both recovery from illness and maintenance of health.

Karen A. Ballard, MA, RN, Director
Nursing Practice & Services Program
New York State Nurses Association
Latham, NY

MARIJUANA AS MEDICINE

I was indeed pleased to read the article by Mary Lynn Mathre, "Medicinal Use of Marijuana" (Substance Abuse, November).

I saw firsthand how marijuana helped my son, who had AIDS, eat and even sing in a concert at the Kennedy Center. Several state-level nursing organizations, as well as entire states and over 40 other organizations—including the American Public Health Association—have recognized the benefits of marijuana's medicinal use.

If my son were still alive, I would continue to risk going to jail to supply him with this medicine.

Patricia R. Skidmore, MSN, RN
New Market, MD

I've always been a fan of your column on substance abuse. The November article on the medicinal use of marijuana was especially good. I appreciate your publishing information about a drug that is still illegal yet has medicinal uses. Nurses need to know both the good and the bad about these types of "drugs."

Margo McCaffery, MS, RN, FAAN
Los Angeles, CA

I would like to commend *AJN* for running Mary Lynn Mathre's article on medical marijuana. As nurses, we have an ethical obligation to safeguard the public when health care is affected by the incompetent, unethical, or illegal practice of any person. We also have a duty to protect the public from misinformation and to promote efforts to meet the health care needs of the public. Unfortunately, so much misinformation has been spread about marijuana that it's difficult for nurses to find reliable sources of information.

Controlled clinical studies have shown marijuana to be effective in treating a variety of problems, including nausea and vomiting, weight loss, multiple sclerosis, asthma, inflammation, and pain. There is also a large body of anecdotal evidence that marijuana is effective in treating depression, anxiety, seizures, migraine, insomnia, and PMS. The Society for Neuroscience recently reviewed new research on the use of cannabinoids for treating pain and determined that "substances similar to or derived from marijuana, known as cannabinoids, could benefit the more than 97 million Americans who suffer from some form of pain each year."

Marijuana has been shown to be an incredibly safe medication. In 1988, the Drug Enforcement Agency's (DEA) own administrative law judge conducted the most extensive review to date on the

medical efficacy of marijuana and concluded that "marijuana, in its natural form, is one of the safest therapeutically active substances known to man. It would be unreasonable, arbitrary, and capricious for the DEA to continue to stand between those sufferers and the benefits of this substance." Yet, the DEA has continued to withhold this valuable medication from sick people and continues to incarcerate people for attempting to alleviate their suffering. Marijuana meets none of the criteria for placement in Schedule I of the Controlled Substances Act, and there is no justification for continuing to deny this medication to those who can benefit from it. Much concern has been raised over using a smoked substance as a medication. Recently, the National Institutes of

Health found that "the evidence is perfectly clear that smoking is an outstanding route of administration. We know that there are no extreme immediate toxicity issues. It's a very safe drug, and therefore it would be perfectly safe medically to let the patient[s] determine their own dosage by the smoking route." However, smoking is not the only way to use marijuana medicinally. Marijuana, and whole extracts of marijuana, can be eaten, vaporized, used as suppositories, or used topically. Evidence even shows that the chemical structure of cannabinoids is such that they would be ideal for use in a transdermal patch.

It's clear that there is enough evidence of the safety and efficacy of marijuana to stop the governmental harassment of sick people who choose to use this

medicine. Nurses need accurate information if we're to protect the public from those who would spread misinformation about this valuable plant.

*Bryan A. Krumm, RN
Edgewood, NM*

Thank you for the article regarding how to talk with patients who use marijuana for symptom relief.

My 15 years of experience as an acute care nurse led me to believe that this is an unusual situation—where patients are in the role of educating nurses and doctors about a medical treatment that many claim saves lives.

Nurses and nursing organizations are ideally suited to represent patients on this issue because nursing, by its nature, is an occupation that requires a balance

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between heart and mind. I believe that the discussion of medical marijuana involves the relationship between ethics (heart) and research (mind). Unfortunately, political baggage related to the "war on drugs" has, for 50 years, distorted the true nature of marijuana—a nature that was once widely known by physicians until the 1940s. Consequently, today nurses and doctors know little about it.

The accumulation of medical research and anecdotal evidence is at this time sufficient to justify limited medical use. Over 100 research studies and numerous books detail many applications of marijuana. Governmental commissions repeatedly conclude that marijuana has distinct pharmacologic effects.

Marijuana use is forbidden by federal

law in all circumstances (except strictly controlled research). There are no medical exceptions. Sick and dying people are willing to risk arrest by law enforcement and dangerous criminal liaisons to procure marijuana. Laws that criminalize sick and dying people violate basic precepts of medical practice, which require medical professionals to act as advocates for patients and to do no harm.

Marijuana is being evaluated—as it should be—within the risk and benefit assessment for all medicines and treatments. I believe marijuana will be understood as a medical treatment with indications, contraindications, and side effects.

As nurses, we belong in the center of this debate, not on the periphery.

*Edward Glick, RN
Monmouth, OR*

PRESENTATION POINTERS

Edwina McConnell's article (*Career Guide*, December) on giving an outstanding presentation hits all the essential points of public speaking. Appreciation goes out to the many nurse presenters who deliver powerful messages every day. This promotes an atmosphere that is positive, respectful, and open. Composure and credibility define a nurse who follows McConnell's steps in giving an outstanding speech.

*Jan Olsen, RN
Watertown, SD*

Having just read "Giving an Outstanding Presentation," I felt that I must write. The article was informative and concise, covering all the points step by step. It can be used as a guideline or even blueprint.

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