

JUST SAYING NO TO TOBACCO

A resounding “amen” to “Nurses Against Tobacco” (*Viewpoint*, April). We need to be more vocal about how tobacco use infiltrates all areas of our lives, indirectly or directly, as well as every area of medicine—not just oncology, but gerontology, pediatrics, and others. We need to speak with an assertive voice to fight this public health menace.

*Andrea Kerley, RN
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It’s difficult for nursing to affect this public health crisis while so many nurses continue to smoke. While all nurses must form their own opinions about the dangers of smoking and second-hand smoke, schools of nursing could lead the way by educating students in the hazards of smoking. State nurses’ associations could lobby to bring back antismoking campaigns in elementary education. To the *Viewpoint* author: keep speaking out.

*Julie Schneider, MEd, RN
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I have been boycotting Philip Morris, Miller Brewing Company, and Kraft Foods (all fully or partially owned by the Altria Group) for years because of their profit-driven slaughter.

As a nurse practitioner of many years, I have seen the ravages of smoking in my patients. Worse yet, my mother died of cancers of the breast, lung, and brain. My father is recovering from prostate cancer, and he has emphysema; he is a pharmacist, and it breaks my heart to watch his frail body not be able to keep up with his brilliant mind.

I urge all nurses who smoke to quit. Yes, it’s difficult—but

not impossible. And for those nurses like me, who are tired of seeing death and destruction from cigarettes, I urge them to become Nightingale Nurses. The Web site, www.nightingalesnurses.org, should be operating soon.

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NEONATAL END-OF-LIFE CARE

Congratulations on publishing two recent articles on end-of-life care of newborns. “A Case Study in Caring: Trisomy 18 Syndrome” (*Ethical Issues*, July 2003) and “Ethics and Palliative Care in Pediatrics” (April) are tremendous contributions to the nursing literature, eloquently describing the latest approaches to caring for sick newborns. As Cynda Hylton Rushton wrote in the latter article, despite significant progress in these areas, most children still die without hospice care, and many die with symptoms such as pain or dyspnea left unmanaged.

Two freestanding hospices—the San Diego Hospice and Palliative Care Center and Alexandra’s House in Kansas City, Missouri—care for dying children and their families. Also, I have helped to develop the Neonatal End-of-Life Palliative Care Protocol, which describes all areas of care for terminally ill infants and their families, as well as for caregivers.¹ And the National Perinatal Association will sponsor a major perinatal ethics conference in San Diego, October 14 to 16.

Readers who are interested in more information may contact me at catlin@sonoma.edu. While nurses strive to keep up with innovative life-support technology for children, we must also explore the ethical use of that

technology. *AJN* should be commended for keeping us informed.

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REFERENCE

1. Catlin A, Carter B. Creation of a neonatal end-of-life palliative care protocol. *J Perinatol* 2002;22(3):184-95.

CARING FOR LOVED ONES

I have great sympathy for Evelyn Bosfield, who wrote about caring for her husband (*Letters*, April). Been there, done that. And it’s a sad, lonely road. When caring for my parents, I hired two of my friends to help with the hands-on care and felt a great burden lift from my shoulders. The caregiver must take care of herself while caring for others.

I would also like to compliment *AJN* for its light-hearted approach to some headlines, such as “Life in the Fats Lane” (*News*, April).

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KIDS IN THE FATS LANE

The California legislature has not accomplished much by banning sugary drinks in favor of other beverages (“Life in the Fats Lane,” *News*, April). A 12-oz. serving (one can) of soda with sugar contains 140 calories. But a 12-oz. serving of most fruit juices has about 180 calories, a 12-oz. serving of skim milk about 120 calories, 12 oz. of 2% milk about 187 calories, and 12 oz. of whole milk about 250 calories. While it’s true that the American Academy of Pediatrics (AAP) has recommended restricting the sale of soft drinks in schools,¹ it also

supports restricting fruit juice intake because of its high sugar content and the resultant tooth decay.²

No single food can be eliminated from one's diet to magically bring about weight loss. I'm concerned that well-meaning efforts to combat childhood obesity will spawn an increase in childhood eating disorders, and there is research to support my opinion. For example, in an effort to build self-esteem in adolescents, the AAP discourages overaggressive dieting.³ Most nutritionists believe there are no good and bad foods; this includes soda, even though it provides nothing but calories. Most of them believe any food can be consumed in a healthful diet, using moderation and portion control.

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REFERENCES

1. Soft drinks in schools. *Pediatrics* 2004;113(1 Pt 1):152-4.
2. American Academy of Pediatrics. The use and misuse of fruit juice in pediatrics. *Pediatrics* 2001;107(5):1210-3.
3. American Academy of Pediatrics. Identifying and treating eating disorders. *Pediatrics* 2003;111(1):204-11.

Our nation's schools have inadvertently become partners in a commercial quest to "Leave No Child (Without a Large) Behind." Childhood obesity is a health issue every nurse should be concerned with, regardless of practice area. To help control this epidemic, you could

- insist that your local school district establish a "school health council" with the power to set and enforce policies for hot meals, vending machines, and physical education (www.cdc.gov/HealthyYouth).

- partner with fast-food chains such as Burger King and with local growers to provide more nutritional foods in "slim-size" portions, and ask, "Would you like *fruit* (instead of fries) with that?" Use their tremendous marketing savvy and budgets to advertise healthy choices.
 - teach families about Dr. Walter Willett's reworking of the food pyramid, based on results of the Harvard Nurses Health Studies (www.hsph.harvard.edu/nutritionsource).
 - urge legislators to pass laws that prohibit the sale of "food of minimal nutritional value" in schools and to prohibit the purchase of these items with food stamps.
 - find creative ways to fund school nurse positions in every district.
 - practice what you preach. Eat healthful meals, enjoy fitness activities five times a week, and quit smoking.
- Treats in classrooms for schoolchildren, such as cupcakes on birthdays and candy on Halloween, didn't cause our obesity epidemic and should not be eliminated. Childhood should still be fun, just not fat.

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NURSES IN GENETICS

As a nurse who works with those with a hereditary predisposition for developing cancer, it's encouraging to see the clinical applications of information gleaned from the Human Genome Project ("Medication Selection by Genotype," May).

I would like to note a particularly helpful resource. The International Society of Nurses in Genetics (ISONG) is a nursing

specialty organization dedicated to fostering the scientific and professional growth of nurses in human genetics, with a goal of using that knowledge when caring for patients and families. More specific information is available at www.isong.org. ISONG educates nurses working in genetics, promotes the integration of genetics into nursing care, and advances nursing research into genetics. ISONG also promotes the credentialing of nurses with expertise in genetics, based on a rigorous review of the evidence.

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Corrections

"That's Nursing!" (*Editorial*, July) includes a reference to the study by McCue and colleagues. The sentences describing its findings should have read (changes in italics): "The analysis of data culled from 422 hospitals in 11 states between 1990 and 1995 showed that for every 1% increase in RN staff, operating costs increased by 0.25%—but there was no decrease in profits. Furthermore, for every 1% increase in non-RN staff, operating costs increased by 0.18% but profits decreased by 0.21%." We regret the error.

"Crisis in Darfur, Sudan" (*Correspondence from Abroad*, July) incorrectly listed the Web site for the International Rescue Committee as www.theirc.com. It should have been www.theirc.org. ▼