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THE IMPACT OF CONFLICT AND WAR ON INTERNATIONAL NURSING AND ETHICS

Verena Tschudin and Christine Schmitz

Key words: conflict and nursing; nurses' ethical responsibility; nurses' humanitarian work; nurses' political work; nursing education and global responsibilities; war and nursing

Modern nursing evolved out of a war. Today's nurses not only work in war zones but the profession as a whole needs to consider its responsibility in caring for victims of conflict and what its international duty is in preventing wars. This means that nurses must be informed of the devastation caused by conflict not only in countries where conflicts and war take place but also world-wide. Nurses' responsibility is to prevent illness and alleviate suffering, which includes the long-term morbidity caused by wars. They need to be more politically active in conflict resolution and prevention at local, community, national and international levels. The purpose of this article is to address these issues from an ethical perspective and to suggest implications for nursing education and practice.

The effects of conflict and war

We must make conflict prevention the cornerstone of collective security in the twenty-first century. That will not be achieved by grand gestures, or by short-term thinking. It requires us to change deeply ingrained attitudes (p. xix).¹

Kofi Annan, Secretary General of the United Nations

Individual nurses and the profession as a whole are crucial players if the change of attitudes needed towards war and conflict is to happen. Nurses know at first hand the effects of war and conflict on health and well-being. They care for the people directly affected in war zones. They care in their own countries for refugees and persons displaced from other countries. They care for people who have been devastated in conflict and now suffer desperately, physically, mentally and spiritually. Nurses also care for people whose parents or grandparents lived through conflict and war, and now live in dysfunctional families and with unsocial behaviour patterns.

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In developed countries, nurses know how easily health services can fail when the political will is not there to sustain them. In developing countries they know that without resources there is simply no health service to speak of. At the basis of international inequality and poverty is often a present or past conflict that has devastated a country so much that reaching equality is at best just a dream. The ingrained attitudes of 'them' and 'us' are no longer tenable; the planet is too small for that. People – nurses in particular – in developed countries have a responsibility to those in developing countries; people in developing countries need to know that they are part of a global movement towards adequate health care for everyone.

These are the elements that nurses need to bring to public attention. One of their responsibilities is to engage with these issues and contribute to the debates that will challenge government thinking and action. The differences that separate people are no longer threatening, but are the very means by which a global social order based on equality can and needs to function.

The effects of conflict and war can be broadly divided into physical, emotional and social components; each of these has a personal and a societal aspect. None of them can be separated because all aspects overlap and are interrelated. One of the striking effects of recent conflicts is that a relatively small number of soldiers are now injured during wars; many more civilians are wounded. It is estimated that between 1945 and 1992 in sub-Saharan Africa 1 515 000 military deaths occurred, but as many as 4 505 000 civilians died. Indeed, in other African regions the figures for civilian deaths are even higher for the same period (e.g. 107 000, compared with 19 000 military deaths²). Even after a war has finished, unexploded ordnance continue to be a major problem, often for children who, not knowing what they are, play with them and are then hurt. Armies are usually well equipped to care for their own personnel, but civilians are cared for in the community where health care resources may already be overstretched.

Describing the situation in West Africa, Kolawole Raheem and Kingsley Akinroye say that '[m]any West African countries are rich in mineral and solid resources which generate more than enough funds to provide adequate health services, but violent conflicts and corruption stand in the way of achieving this goal' (p. 240).³ A number of other points they make are also significant in understanding the devastating effects of wars:

- Warfare creates poverty in a much wider area than the actual war zone.
- Diseases travel beyond the borders of countries where wars are being waged. Soldiers and rebels are significant sources of venereal disease transmission.
- Preventable diseases become nonpreventable because health services become depleted by the burden of war. Instead of using available funds to prevent malaria, polio and the high rate of maternal and infant mortality, money is diverted by governments to buy drugs for injured soldiers.
- Wars are fought between rulers or dictators who have their own armies made up of their supporters, so official health policy is concerned for the health of combatants to the disadvantage of public and preventive health care.
- Because of the destruction of health care systems, fake medicine is sold or prescribed to people who are desperate for a cure.
- It is probable that hypertension is a significant problem among refugees and

- displaced persons because of the trauma of rape and maiming, or the mental torture of displacement and dependence on charity for food and shelter. The morbidity caused by hypertension is well known to nurses.
- Refugees and displaced people live in poor areas and unhygienic environments. The camps needed to house sudden mass migrations of people cause general environmental degradation, leading to deforestation, soil pollution and ecological disturbance.
 - Refugee children are likely to be uneducated, ending up on the streets and remaining a major problem for governments as initiators of unrest and terrorism. This has been clearly seen in the Israel–Palestine conflict.

The ‘troubles’ in Northern Ireland and similar conflicts that have continued for years (e.g. in Angola and Kashmir) led Linda Hunt to wonder if ‘after . . . years of violence . . . people become locked into living their lives as if more horrifying experiences are inevitably imminent and so must be anticipated’ (p. 338).⁴ Living in such circumstances robs the human spirit of creativity and trust.

In her chapter about women as victims, Eva Isaksson highlights in particular how men and women experience warfare differently. She concludes that men are traditionally ordered into military systems and they follow these orders. ‘Women are not surrounded by a comparable ordered existence – instead they live in chaos’ (p. 276).⁵ The effects of war on women are emotionally devastating. Women are generally considered to be the guardians of communities and cultures and, when they have been left without realistic possibilities to function as such, they suffer trauma and possibly shame at their inability. Descent into mental illness or incapacity may be the only solution.

That rape is used like a weapon in war is a well-known fact. Ruth Seifert says that ‘rapes in wars are not the result of male instincts gone wild, but can be decoded within the gendered construction of war and fulfil functions that by destroying women are aimed at destroying the culture of a nation’ (p. 280).⁶ Rape is about power, not about sex. Seifert quotes ‘an observer’ (seemingly a citizen) of Zagreb in the conflict where Serbs used rape extensively to destroy the cultures of their enemies as saying: ‘Rape saves bombs. By means of rape ethnic cleansing is achieved more effectively, at a lower cost. Rape is an economy of war’ (p. 290).⁶ She mentions that the Serbs had ‘rape lists’ where they chose first intellectual women and the wives of well-known people. In this way, a ‘cultural and symbolic destruction campaign [was waged] that couldn’t be conducted with bombs in a comparable manner’ (p. 290).⁶

The ‘real’ victims of conflict and war are inevitably the vulnerable groups: children, women, elderly people and those already at risk, such as people suffering from mental illness.

Victor Sidel and Barry Levy have cited UNICEF statistics that estimated ‘during the decade from 1985 the terrible toll among children was as follows: 2 million killed; 4–5 million disabled; 12 million left homeless; more than 1 million orphaned or separated from their parents; and 10 million psychologically traumatized’ (p. 208).⁷ That such children take their traumas into adult life is inevitable.

Karla Schefter⁸ describes her experience of living and working as a nurse in Afghanistan when the Taliban came to power. She describes the Taliban as having

been mainly young refugee children born in camps in Pakistan and taught by Afghan and Pakistani mullahs. They had not had a good start in life: war had made them orphans; they had grown up without family connections and therefore also without contact with women. They knew no loyalty to tribes or clans and had neither past nor future, only the present in which to make changes by any means necessary. This kind of past reaches far into the future.

The sequelae of conflicts and wars are hard to measure. Søren Jensen cites a WHO report of 1995 that 'estimated that about 1 million people in the countries of the former Yugoslavia were suffering severe emotional distress to an extent which in peacetime would have led to the offer of immediate and urgent professional assistance' (p. 295).⁹ A country's resources are depleted after war, so vulnerable people cannot be given any help and they cope as best they can, with a great deal of morbidity. The methods they use consist mainly of self-medication, with the risk of alcoholism and/or drug addiction, explosive reactions to minor stimuli, and reactive psychotic behaviour. Jensen states that studies have shown that the children and grandchildren of Holocaust survivors and also children of Vietnam veterans have an increased incidence of traumatic stress disorders. Parents and grandparents embody a specific form of suffering and the family memories of such experiences are kept alive, often repeated by people who remember the events in exact and minute detail. Linnet McMahon, a psychotherapist, lived with the consequences of war to the point where she dedicated her first book to the memory of her father, 'the pain of whose childhood cast long shadows forward'.¹⁰ While the physical scars of conflict may last a lifetime, the emotional scars may continue for generations.

Nurses' responsibilities and accountability

As a group, nurses have a responsibility to their present and future patients and clients in how and what they contribute to political debates about the present and future of health care and society in general.

The International Council of Nurses (ICN) *Code of ethics for nurses*¹¹ stipulates four fundamental responsibilities that nurses have: 'to promote health, to prevent illness, to restore health and to alleviate suffering'. One can apply these functions with a short-term and a long-term perspective. They apply as much to an individual nurse as to nurses collectively, as much to a single person for whom a nurse is caring as to society, with a local situation in mind or with an international and societal intention. In the present context, it is nursing as a profession and the long-term perspective and the international scene that are mainly considered.

Nurses have long believed themselves to be the patient's advocate, seeing this as a core function of nursing and a natural extension of the nurse-patient relationship. It is increasingly evident that there is a significant ethical responsibility for nurses in the international arena. Advocacy is required on behalf of communities and societies, not only for individuals, and for the prevention of situations that are detrimental to the well-being of people. The ICN's responsibilities of nurses, to 'promote health [and] to prevent illness'¹¹ and Virginia Henderson's¹² statement that nurses help 'people (sick or well) in the performance of those

activities contributing to health, or its recovery', take on a wider meaning when the focus is international. The American Nurses' Association code of ethics¹³ comes close to this argument when it says in Clause 8: 'The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.' If health needs are to be met internationally, and nurses are to perform those activities that contribute to health, then it is unquestionable that this will involve the whole profession in activities that are considered to be 'upstream' work. This means advocating the prevention of conflict, developing and teaching nonviolent ways to resolve conflict, being aware of international issues of professional concern, learning how to exercise the profession's political voice, and making politicians and governments aware of the devastation and misery caused by aggression and its drain on national and international economic, ecological, humanitarian and emotional resources. Nurses know the consequences of conflict and war and of dysfunctional living perhaps better than any other health workers because they see the consequences daily in the patients for whom they care.

The heroic work done by people like Florence Nightingale and, for instance, Mother Teresa, is highly commendable, but with hindsight both women have been accused of doing mainly 'downstream' work. The ethical responsibility of nurses is undoubtedly upstream, in looking for, examining and challenging the systems and structures that are unaccountable or corrupt.

That preventing and averting conflict and war is an ethical responsibility for nurses may seem fanciful to many practitioners. They have enough responsibilities in their everyday work. People (nurses) tend to become involved only when it affects them personally. This notion was challenged by Martin Niemöller, the German Protestant theologian, in a piece he wrote after World War II and which is known in various versions:

In Germany they came first for the Communists and I didn't speak up because I wasn't a Communist. Then they came for the Jews and I didn't speak up because I wasn't a Jew. Then they came for the trade unionists and I didn't speak up because I wasn't a trade unionist. Then they came for the Catholics and I didn't speak up because I was a Protestant. Then they came for me – and by that time no one was left to speak up.¹⁴

This quote has been added to by any number of people and organizations. Nurses may indeed feel that other people and governments have added: 'I was not a nurse, therefore I did not speak up for nurses.' Nurses themselves could add: 'I did not live in a country that was threatened by war, therefore I said nothing.' This avoidance is no longer possible ethically.

In Henderson's definition¹² of nursing, the task of nursing is described as helping those who are 'sick or well' to perform what they would do for themselves if they were able. In this definition, the preventive function of nurses' work ranks equally with the care of the sick. In our world, where globalization has made such an impact, we cannot dismiss what happens to people elsewhere. Our news is global news; our contacts are world-wide. Even for sheer self-interest we need to be concerned about what happens outside our patch. Prevention is not just better than cure; it is more human and more ethical.

Nurses have ethical, professional and legal accountability; that is, they are obliged to be able to give an account of their work. It is the accountability to

patients and clients, and increasingly to nursing colleagues everywhere, that will lead and even drive nurses to act for equality and global justice. By promoting peaceful negotiations in any conflict, and the respect for differences and enhancement of personal and communal dignity, nurses also enhance their preventive ethical role.

Nurses' humanitarian work

Many nurses are engaged in humanitarian aid work because this presents situations where they can have a practical impact and can use their skills and potentials fully. Most such work is done by humanitarian aid organizations and nongovernmental organizations (NGOs). This section is written from the experience of one of the authors (CS) of working for many years with Médecins Sans Frontières (MSF), a well-known NGO.

In this work, nurses have to adapt to roles they may not previously have fulfilled. NGOs go into places of war or conflict, or where disasters (e.g. floods, earthquakes) have caused urgent humanitarian and ecological need. Most such humanitarian missions are to developing countries, where it is the role of the family to care for patients by feeding, washing and assisting them. The national nursing staff are responsible for dressings, injections, controlling blood pressure and other nursing care. International nurses have a managerial role: supervision of the national staff, organization of the delivery of drugs, and collecting statistics. Emergency aid is rarely given in hospitals. The classic working environment for international nurses is a refugee or displaced persons' camp, demanding preventive activities. Possible job descriptions for a nurse on a first mission could be to set up a mother-and-child clinic, supervise a feeding programme, organize a vaccination campaign against measles or meningitis, or assist in a cholera camp.

Nurses who are experienced in NGO work will have more responsibilities, often mainly in administration. Co-ordinating an expatriate team for a project will mean being in a position superior to medical doctors, which can create major conflict within the team. A nurse may be either the head of a mission, thus responsible for all projects in a country, or be the medical co-ordinator, responsible for the medical aspects of all projects (standardization of activities, treatment protocols, contact with other medical co-ordinators, contact with the national ministry of health etc.).

Nurses who work long term with NGOs face a number of challenges or dilemmas:

- There are private and emotional consequences. An experienced nurse will understand more and more the dimension of the problems existing in developing countries: the huge gap between the different worlds, the exploitation by the rich countries of the resources in the poor countries (diamonds in Sierra Leone and Angola, oil in Sudan and East Timor etc.); the active fuelling of civil wars by exporting weapons; the extreme differences in the value of human life (depending on nationality); the difficulty in not becoming cynical and helpless. The need may often seem overwhelming, yet there is no alternative but to continue to fight and advocate for others.

- As well as changes in the perception of such situations, the impact on a person's private life is also significant. It becomes difficult to maintain friendships and relationships, and even to have or keep one's own family.
- Humanitarian aid is not good *per se*. NGOs are often used by governments to fund smaller organizations without sufficient private money. In countries where certain governments have political interests or where they lack the political will to exert pressure on the warring factions, NGOs may feel compelled to do something to appease the public and media pressure. In the project countries, humanitarian aid is often part of the military strategy of the war-lords, as a good way to access means such as money, communications material, cars, food, drugs etc. 'Access' here can mean looting or demanding tax on imported goods. Another means of obtaining money is by kidnapping foreigners (e.g. Columbia, Chechnya). Producing victims can be a way of attracting humanitarian organizations to a country. On another level it happens that mothers starve their children to gain admission to a feeding centre.

An example of the problems that can be caused by NGOs was sent to the *Nursing Ethics* editorial office (E Farmer, personal communication, 2002). A group of religious sisters, mainly from the UK, were working in Albania in palliative care,¹⁵ and had trained local nurses. The sisters found that these nurses were leaving to work for a European NGO that was active in the area and was paying translators three times as much as the sisters could. The NGO was not concerned that this reduced the care given to dying people who had suffered because of the war in the first instance.

- More and more military personnel are taking over humanitarian tasks, which presents an unacceptable mix of political interest and real need, endangers the neutrality and perception of humanitarian aid, imports the unsustainable standards of the country of origin, and improves the image and legitimacy of existing armies etc.
- International nurses often need to make hard choices. One clear example is the method of triage in a situation with a high number of wounded people. This choice is the result of scarce human and material resources: maybe only one surgeon, only one operating theatre, no intensive care facilities; other choices depend on the amount of financial resources available. Another example is that nurses have to refuse to treat patients with tuberculosis in war situations, although drugs are available. The risk of patients not complying with the whole treatment course and thus creating resistance is too high. Low security can also dictate a nurse's activities.

There are countless challenges for nurses working in the humanitarian sector. In this environment nurses have to look beyond the individual sick patient and learn to acquire a public health view. Nurses have to learn to understand the political context and its implications. One example of this is female genital mutilation, where nurses have to find ways to treat the person and the complications of the condition, but also have to find methods of challenging and changing this problematic issue.

Nurse Geoffrey Prescott, who had also worked with MSF, declared in an interview¹⁶:

In a state of emergency, you need six things to survive: clean water and basic sanitation; basic curative and preventive health care; shelter; clothes; basic nutrition; and safety and security. The first five are easy to see as medical needs.

It is the safety and security that make the first five possible. 'Nurses provide the link between the people on the ground and the people who can change things.' What nurses in the humanitarian sector do is representative of all nurses.

Nurses' political responsibility

There is little doubt that dialogue and understanding are the only realistic ways to resolve personal, local and international difficulties and conflict. Like informed consent, 'peace' is more than a signature on a piece of paper. Peace is what people understand by it, which can vary. Peace has to be created and maintained by means of practical interventions. Two well-known men have given good indications of what peace is about. Pope Paul VI (died 1978) is attributed as saying: 'If you want peace, work for justice.' Martin Luther King Jr wrote while in prison in 1963 that peace is not the absence of tension, but the presence of justice.¹⁷

For wars and conflict to be avoided and for harmony to be (re)established, justice and equality are essential. These principles are also at the basis of advocacy. The fourfold responsibilities of promoting health, preventing illness, restoring health and alleviating suffering imposed on nurses by the ICN Code, have to be seen in the context of distributive justice and equality.

A great deal has been written about justice from many angles and this article is not the place to rehearse the arguments. However, one reference to justice within nursing is at least needed. In 1985, Nelly Garzon (see *Nursing Ethics* 2002; 9: 579–82 for an interview with her) became President of the ICN. Each new president chooses a keyword to define the four-year presidency; her keyword was 'justice'. In her presidential address she said:

Let us translate its meaning into actions that will contribute to the well-being of the people whom we serve and of ourselves as members of the Nursing Professions.

Let us feel justice as a virtue of man, founded in love and respect for our own rights and obligations and those of our fellow men.

Let us work for a kind of justice that will move nurses to promote the existence of adequate and fair health systems or services for all of mankind, breaking down in this way existing inequalities:

A kind of justice which will be reflected permanently in nursing practice by means of respect, defense and promotion of human rights;

A kind of justice that bravely defends the rights of individuals, of families and of communities to receive timely and quality health care without distinction because of social class, race, sex or religious or political beliefs.¹⁸

The fourfold responsibilities of nurses, the need for social justice, and the advocacy role of nurses and nursing make it clear that nursing work is political work.

- The American Nurses Association has published its *Nursing's agenda for the future*.¹⁹ This document starts with the statement: 'Nursing is the (original

emphasis) pivotal health care profession, highly valued for its specialized knowledge, skill and caring in improving the health status of the public and ensuring safe, effective, quality care.' Although this document relates in particular to the USA, every nurse everywhere can, or may at least want to, say the same.

- Nursing as a profession has a duty to bring to public awareness the (mainly) long-term physical, emotional and economic effects of conflict and war.
- Politicians ask nurses to work on their behalf; therefore nurses need to make them aware of the responsibilities nursing has to carry out this work.
- The nursing associations must be in the forefront of the understanding and importance of this work and must lead with strategies for implementation.

It is precisely the specialized knowledge and skill that nurses have that must be available to people everywhere. If politicians are not aware of this knowledge and these skills, then they will not reckon with nurses. No one can better tell politicians about this than nurses themselves. It may take some courage on their part to make sure that politicians do hear. Individual nurses caring for individual people, as well as nursing as a profession, need to address political work and make it a common goal by giving a lead.²⁰

The idea of 'justice' may not have figured large yet in the nursing mindset, let alone in the curriculum, but it cannot be avoided any longer. This must become a fundamental principle in nursing and in the kind of work in which nurses engage. All nurses everywhere have to become politically aware and act quickly before more people suffer.

Implications for nursing education and practice

The political work of nurses is complex. For this work to be upstream, it has to start with the basic premises that co-operation is better than division, and that the prevention of violence and the development of nonviolent and peaceful ways of resolving conflict are more realistic than denigration and destruction. In their various ways and different professional branches, nurses as groups and as a professional body must show how, when and where to challenge and change the 'ingrained attitudes' and practices of themselves and their leaders.

Conflict can exist and develop when attitudes of 'might is right' begin to take hold. In the present social, economic and political climate, this is constantly challenged by the claims of increasing poverty and deprivation on the situations that fuel that 'might'. In a world of diversity and mobility, the notions of 'clear boundaries' of territories and contracts to keep the peace are not tenable. Indeed, the fuzzy edges that characterize human creativity are more realistic. Sooner or later the clear boundaries become irrelevant, as the people behind them change allegiance. The more that national boundaries are established, the more refugees will flood into countries all over the globe, thus forcing a kind of globalism on people and nations that do not want to acknowledge this reality. Divisions and simple solutions eventually work to subvert the reasons for their existence in the first instance. It is more sensible and less costly at every level to unite rather than divide.

The implications for nursing education and practice of these elements can be broadly divided into three areas: learning about the effects of conflict on communities and on nursing services and resources; the ethical responsibilities of nurses and nursing; and education in political and upstream work.

Learning about the effects of conflict and war

For nurses to understand the concept of holistic care, they have to read, learn, assimilate and reflect on many aspects of the care they give to their patients and clients. This must include cultural knowledge and understanding the wider context of the lives of their clients. Many student nurses go on exchange placements to other countries, where they will inevitably find different conditions. Students can be encouraged to go to developing countries or to where there has been recent conflict. It would not be realistic to send them to areas of active war because of the possible danger to their lives. Exchange students from developing countries can teach and challenge students in developed countries enormously. As an example, nursing students from Ethiopia on placement in New Zealand were able to deal with patients who had been physically traumatized in fights and with women who had been abused. They were able to explain to their fellow students that they had seen horrendous trauma to humans and felt safe in nursing people without threats of retaliation (P Wareham, personal communication, 2002).

Many registered nurses work abroad, admittedly often for better salaries and conditions rather than for ideological reasons. Integrating such nurses into the culture of the host country can be a great asset. Sharing (exchange) experiences with colleagues will raise awareness among a larger group. There may be many other possibilities of increasing awareness and learning among (student) nurses about the future needs and patterns of nursing and professional development where these issues can be considered in a global context. Once an awareness has been raised, professionals are able to make links with related areas more easily.

Nurses' ethical responsibilities

Teaching and learning in ethics are now more integrated in the undergraduate nursing curriculum, so becoming less focused on theories and principles alone. This is to be welcomed. However, knowing how to argue ethically does not necessarily mean that someone knows how to extend ethical arguments to larger social issues, such as international conflict and war. Being ethically literate is a step further from simply recognizing the right words. The fraud that engulfed many large corporations in 2002 clearly shows that, although managers and executives may sign codes of ethics, in practice they may not know how to apply these same documents to avoid this problem. Nursing should make the teaching of ethics relevant to the wider context of professional responsibility in undergraduate and postgraduate education and courses.

All professions largely understand their responsibilities to be tied to their professional practice. However, responsibility starts further back and reaches further out. The responsibilities to oneself and to one's values guide a person's professional values and often override these. It may be unrealistic to try to teach nursing

students the kinds of values and attitudes they need to bring to their work because these values are formed when children are very young. What is more realistic is that, in group discussions and reflection on practice, set values are challenged and options presented for better ones. This is perhaps the most useful function of any teaching in ethics. Teachers and lecturers therefore have a crucial responsibility in how they make their students aware of issues of global professional concern in this area, and how they influence their students, especially in their understanding of justice.

Educating nurses in political and 'upstream' work

Nurses are generally skilled at communicating and are increasingly trained in committee work and negotiation. This should be expanded to include nonviolent conflict resolution strategies and skills for dealing with physical, verbal and emotional violence. In political work it is often the case that 'if you can't beat them, join them'. This may mean learning how a system works, what language is involved and understanding the power dynamics. When it is possible to argue at the same level in a given structure, the arguments are more likely to be heard. The nursing voice may gain much strength in this way.

Political work has to be actively encouraged among nursing students to be seen as part of the nursing role generally. Students have entered the profession in order to care, and they may not yet understand its wider implications. Making them aware of the international dimension of nursing will help. Their own research projects and efforts will incorporate published material from diverse sources that will inevitably include international publications, but they may have to be guided to sources that would stimulate further investigation and reading. Students at postregistration level have more experience and they need to be similarly challenged to see themselves as part of a world-wide profession that has responsibilities to care by promotion, prevention, restoration and alleviation in the widest possible sense of these terms. Students could demand courses on international nursing that are taught from an ethical perspective and deal with responsibility to and for each other. Nursing schools could have policies that promote diversity among students and faculty members, actively recruiting persons from other cultures and then helping them to succeed in their studies and teaching.

Advocacy must be understood better. The issues in advocacy are complex and it is too easy to see only one side and identify with a person or a cause against some authority. Much has been written about advocacy, but it remains an issue that is open to abuse and frustration. It is however vital to any nursing work, in particular to the concerns of work in and with any minority groups. Hand in hand with advocacy must go both ethical responsibility and accountability.

Above all, there is a crucial need to question and understand the reasons behind the issues that confront nurses. Nurses need to enquire into practices and rules in order to understand why they exist; they also need to examine their own motives and attitudes in any care situation. This questioning is essential for future work in any field of care. This has been well expressed by Sue Mayo:

Misinformation about others can so easily become part of our assumptions.

Assumptions can so easily become the basis of our prejudices.

Prejudices can so easily become the basis for actions [and] for discrimination in large and small ways.

Discrimination can too easily become set in patterns, institutionalised, and accepted.²¹

These elements are present at personal, group, national and international levels. Every nurse has a certain sphere of influence; knowing the limits of that sphere is important so that it can be extended. Simply by asking questions oneself, the sphere is already extended. By asking questions of and on behalf of others, changes are possible. The Nursing and Midwifery Council *Code of professional conduct*²² enjoins on nurses in Clause 8.3 that '[w]here you cannot remedy circumstances in the environment of care that could jeopardise standards of practice, you must report them to a senior person with sufficient authority to manage them.' This clause is making a political statement: nurses have a duty to see that their complaints are effectively addressed. This may not necessarily be by their line manager. Identifying the best person is making a political move. Nursing students need to learn when and what concerns can best be dealt with by nursing organizations, trade unions, national and international politicians, or other important persons who are in a position to effect changes. Leaving it to others to do what is necessary has always been a good excuse, but it is not a professionally responsible stance. Lobbying, writing to MPs, making petitions, taking part in debates on local and national health issues, responding to government or departmental documents that are available for comment, writing in local and national newspapers about general concerns, and writing articles in journals all take time and may sometimes be unrewarding, but, when results can be seen, the satisfaction is very real. All nurses need to be encouraged and helped to have a realistic vision of their capacity to be agents of change. Group actions are often easier and are usually more effective, but individuals have achieved great things.

Reading is a vital part of any professional work. All nurses need to be encouraged to read more and more regularly, not only the nursing press. A wide spectrum of reading is necessary to understand the complexity of life in general and issues of health in particular. Holistic nursing care and holistic living are not separate activities in our global village; they are complementary.

These practical and ethical challenges demand that nurses are given, and take for themselves, a professional autonomy such that they may not have previously known.

Nursing's commitment to positive work

The fears, long-term mental illness, misery and social, economic and ecological destruction caused by conflict and war can be prevented and avoided. Positive steps are possible and are visible in every area where there is conflict. Nursing is still largely peopled by women and there are many women in conflict situations who are the peace makers. Television pictures of Arab women holding posters printed with Hebrew slogans, and Israeli women holding placards proclaiming 'we refuse to be enemies' are signs of local counter-movements that have a global impact. Nurses need to encourage such movements, join them and also facilitate them.

There are various doctors' organizations that advocate peace, such as the

International Association of Physicians for Prevention of Nuclear War, Physicians for Human Rights, and Physicians for Social Responsibility, but seemingly no equivalent organizations for nurses. It is therefore all the more important that nurses work with and through their national nursing associations and ICN. When these organizations join others having a similar brief, the impact can be powerful.

In conclusion

More than simply working to prevent war and conflict, there needs to be a commitment to peace and to different ways of living together. Mary-Wynne Ashford²³ describes some 'communities that refuse to fight', in particular Kosevo Hospital in Sarajevo. During the war in that country the hospital continued to function, despite being under constant artillery barrage. It continued to offer help to everyone, including enemy soldiers.

When the doctors were asked to draw lessons from their experience, they emphasized solidarity in the face of adversity, the importance of altruism and a selfless call to help others: 'The path we take', they said, 'is always a choice to live according to our ideals or to join with the forces of violence and oppression' (p. 591).²³

US Congressman Dennis Kucinich simply said that '[w]hen peace is not on the agenda of our political parties or our governments then it must be the work and the duty of each citizen of the world'.²⁴

This sentiment is put into practice when the fundamental responsibilities of nurses to 'promote health, to prevent illness, to restore health and to alleviate suffering' are applied. On putting these responsibilities into a global perspective, this means working for peace and nonviolent means of attaining it. Nurses meet the consequences of conflict every day in their work; changing the deeply ingrained patterns therefore becomes the ethical mandate of all.

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