

Editorial

Bads in Nursing Ethics, History and Historiography

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The question of what constitutes good care and how the understanding of this varies historically and culturally is the subject of intensive reflections on the history and ethics of care. Less attention, however, is paid to negative experiences in nursing care. According to the Dutch philosopher Annemarie Mol such experiences are termed ambiguously as “bads” in care: “There is something else that bothers me. It is that somehow writing about the goods of care is just too nice. Too cosy. There are also bads to address, but how to do so?”¹

The second issue of the European Journal for Nursing History and Ethics is related to the International Conference “‘Bads’ in healthcare: Negative experience as an impetus to reform in nineteenth and twentieth centuries” organised by the Swiss Society of the History of Health and Nursing, 21/22 June 2018 in Winterthur, Switzerland. The aim of the conference was to enlarge our understanding of how nurses were interlinked with “bads” in healthcare, of how they addressed and responded to negative experiences and how they contributed to the reform of healthcare in the 19th and 20th centuries.

The conference showed that historically oriented research is faced with the particular challenge that what we might consider ‘bad’ today as a matter of course may have been classified by the historical actors as modern, progressive and ‘good’ care. This is true, for example, of the commitment of nurses to the implementation of eugenic concepts that Mary D. Lagerwey is investigating in the United States. In her contribution, she examines the discourses in the field of nursing that have contributed significantly to establishing eugenics as a modern science for dealing with social problems. With reference to the USSR, Kristina Popova also examines the significance of nurses in the implementation of a new Soviet medical system in the 1950s which could be described as the “utopia of silence”. This utopia is symbolic of the Stalinistic project of a well-ordered society where people follow scientifically determined rules which require them to maintain silence and, as a result, their bodies and psyches are brought into a state of health.

Johanna Annola discusses how the understanding of ‘good’ and ‘bad’ nursing changed in the process of medicalisation and professionalisation of care, using the example of workhouse nursing. She analyses the multifaceted experience of ‘badness’ in light of English and Finnish poor law records, 1855–1914 and shows that the local-level poor relief agents were often slow to adopt the new ideals and practices associated with nursing. Anna Urbach deals with negative experiences in healthcare from the perspective of nursing staff. Using the example

¹ Mol 2010, p. 229.

of a Prussian State Asylum, she analyses the beginnings of trade union organisation and highlights the strategies used by nurses to improve working conditions.

In the open section Nadia Primc discusses from an ethical perspective the phenomenon of “care left undone” – the fact that nurses can only perform certain care activities incompletely due to a lack of resources. Primc discusses on the one hand the scope and limits of individual responsibility of nurses and on the other hand the challenges of an ethically reflected handling of rationing and priority-based decisions. Monika Ankele examines the history of the permanent bath in psychiatry and shows that the nursing practice and the relationship between nurses and patients were significantly influenced by the spatial and material arrangements of the treatment. She pleads for the development of a much greater sensitivity for the effectiveness of material settings in ethical questions.

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References

Mol, Annemarie: Care and its Values. Good Food in the Nursing Home. In: Mol, Annemarie et al. (eds.): Care in Practice. On Tinkering in Clinics, Homes and Farms. Bielefeld 2010, pp. 215–234.