**“Anger as medical and nursing boundaries blur is no surprise”**

Imagine that the NHS has been transformed into a garage. Now assume that your car thinks I lead a double life as *Top Gear*’s The Stig, or has filled itself with the wrong fuel, albeit free at the point of delivery. I seek help.

Like doctors, highly trained mechanics know what’s going on under more bonnets than Jane Austen could ever have dreamed of. Turning back the clock would probably reveal an obedient nurse busily tidying a set of spanners or folding tow ropes.

But this has changed. I now have the choice of asking that my car is jacked up and repaired by the NHS garage nurse, who actually may not be the best person to deal with my car. If the task at hand is too difficult, further advice needs to be sought. If all else fails, I would probably be supported in making healthy lifestyle choices such as “mobilising” to the bus stop.

The workings of the human body are far more intricate than those of the internal combustion engine. Many doctors, having undergone years of rigorous study followed by further professional development understandably feel threatened and angry that the line between medicine and nursing has blurred. How dare nurses encroach on their territory?

Yet the NHS Careers website describes medicine, not nursing, as being about “helping people – treating illness, providing advice and reassurance, and seeing the effects of both ill health and good health from the patient’s point of view”.

In the cost-effectiveness versus quality debate, it is little wonder that some doctors may feel upset and fear for their patients’ wellbeing – just consider all the shroud-waving that accompanied the introduction of non-medical prescribing.

But then I wonder how I would feel if GP consortia were to decide, on the basis of competitive commissioning, that healthcare assistants could emulate nurses? Throw in a couple of study days, and expect unregulated band 3 HCAs to undertake travel consultations or diabetes reviews? I think I’d be shroud-waving, too.

Both nurses and doctors can have academic backgrounds. After qualifying, nurses often study in their own time, usually paying partly or wholly for it.

Yet, if asked, not one of these nurses would say that they are doing this because they want the kudos of becoming mini-doctors and looking cool in stethoscopes and scrubs. Instead, they talk in terms of patient outcomes and service improvement. In other words, they are nurses who are proud to continue being nurses.

Nurses and doctors hold the same core values, and there is more that unites us than divides us. Of course, there will always be gaps in knowledge and experience between clinicians, as the preparation needed for our respective roles differs.

But, if we are truly complementary, it seems puzzling that it is easier to ask whether nurses should ever emulate doctors than whether doctors should ever emulate nurses.

I’ll have to think long and hard about it - my bus isn’t due for a while....

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**HIGHLIGHTS**

- Setting up a surgical site surveillance service p12
- How to analyse restraint situations p18
- Guidance on food allergy in young people p21

**SPOTLIGHT**

Restraint – you can’t sidestep a sensitive issue

In the practice section, we aim to respond to your demands on particular subjects.

Last year, we ran an opinion piece on our website about the use of restraint in the UK compared with restraint in the US (see tinyurl.com/restraints-unacceptable).

The number of comments and responses to this article alerted us to the fact that this was an area on which you would like and, indeed, needed more information and guidance. In this issue we have two articles on restraint.

Restraint is a complex issue. Our first article (page 18) explores the ethical issues around restraint as well as offering a tool to analyse situations where restraint may be used.

Our second article (page 22) examines the options for the management of violent or aggressive patients in mental health settings – and sets out why physical restraint should only be used as a last resort in the care of these patients.