

MAILBAG

RNAO WANTS TO HEAR YOUR COMMENTS AND OPINIONS ON WHAT YOU'VE READ OR WANT TO READ IN RNJ. WRITE TO US (250 WORDS MAX) AT LETTERS@RNAO.CA

Nurses must understand painful history to provide meaningful care for aboriginal populations

Re: The diabetes dilemma, Sept/Oct 2013

I thought I might share how, in reading the first part of your article about indigenous peoples in the Timmins area, I found myself thinking: 'Oh, I think very differently.' I do not agree that indigenous peoples 'give up very easily' as a general statement. Further, I do not think that referencing "emotional baggage" rather than "continued colonial harms" is sufficient as an explanation behind health disparities and difficulties engaging with western medicine.

Violent histories that include being forced to shift away from traditional practices, are not summed up well enough in "a shift in lifestyle changes."

The solution to keeping clients from walking out on you in the middle of a visit? Look to understanding these above issues as a means to build meaningful, trusting solidarity, instead of choosing patronizing solutions so as "not to overload them with details." You are painting a picture of a more helpless or perhaps less able group than what indigenous folk really are.

Without such an analysis, we are playing into continued colonial harms, of which western medicine has always been rather implicit.

Alicia Ridge
Hamilton, Ontario

Concealing diabetes only hurts those living with this chronic illness

Re: Diabetes: A discriminating disease, Sept/Oct 2013

I thought this article was very well written and addressed an important issue among people living with diabetes. As an individual with Type 1 diabetes who is also a registered nurse, I thought I would provide some further insight.

I have been fortunate to never have encountered discrimination from others in regards to having diabetes. In fact, in both my personal and



professional lives, I have received immense understanding and support. I believe that this is highly influenced by my own positive perception of diabetes. I have always viewed living with diabetes as an accomplishment. I derive a great deal of my passion for life and nursing from the fact that I am able to successfully manage this chronic illness. It is my hope that by

not concealing my diabetes, I am inspiring others with this condition to live healthful and fulfilling lives.

Caroline Pritchard
Toronto, Ontario

RNs must "care" for clients and for colleagues

Re: President's View, Equal value must be placed on "soft" and "hard" knowledge and skills, Sept/Oct 2013

Nurses meet challenges every day. The expression "nurses eat their young" is all too common in our profession,

"IT IS MY HOPE THAT BY NOT CONCEALING MY DIABETES, I AM INSPIRING OTHERS WITH THIS CONDITION TO LIVE HEALTHFUL AND FULFILLING LIVES."

and it should be buried in the past or changed to "nurses feed their young." I agree with the president's view that the softer skills of nursing (emotional, spiritual, caring aspects) are part-and-parcel of what nursing is. It is the essence of the profession and represents a key element of the important role nurses play on any health-care team. Although it is always easier

said than done, it is important for all nurses – new and experienced – to recognize that we should not only care for and treat patients like family; we also need to care for our colleagues like family. It is the "caring" aspect of the nursing profession's reputation that nurses need to continue to uphold. We are here to care for others, and to also care for each other. We need to be able to work together and mentor each other towards the common goal of providing our patients with the best care possible as well as treating each other with care and respect. There are so many challenges that nurses face every day. I have seen and experienced challenges throughout my 20-year nursing career. It is high time nurses focused on honing the most important "soft" skill that's linked to what a nurse is all about. That is "caring" for others, and one another.

Ruby Crisostomo
Ottawa, Ontario

CLARIFICATION: The cover of our last issue notes "26 per cent of Canadians have diabetes." This number comes from the Canadian Diabetes Association, but includes Canadians with diabetes and pre-diabetes. We apologize for any misunderstanding.



THE DIABETES DILEMMA

In Ontario, the estimated 1.5 million people are living with diabetes, and that number is expected to increase to 2.5 million by 2030. How can we best provide exceptional guidance and care to those with this chronic disease? We hope that readers will suggest other avenues called upon to address the conundrum.

Culturally appropriate diabetes care

Some people are more likely to accept advice from someone who shares their background and beliefs. This is especially true when it comes to health care. In a recent article, we discussed the importance of culturally appropriate diabetes care. We hope that readers will suggest other avenues called upon to address the conundrum.