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CIRCUMCISION

In our international medical professionals' organization, Doctors Opposing Circumcision, nurses and NPs are among our most important members, and we count on them to remind us that we must all be patient advocates. Thus, we were distressed to read David Carter's uncritical *In the News* article, "Study Evaluates Financial and Health Impacts of the Decline in U.S. Male Circumcision" (November 2012, online only).

Neonatal circumcision is a nontherapeutic operation performed on healthy newborn boys to excise nondiseased, functional, protective, erogenous foreskin. At best, it can be described as prophylactic, and then only if the alleged benefits actually exist. The three randomized controlled trials conducted in Africa and referred to in this article lack merit and prove nothing. Mostly, the reason for circumcision is cultural, not medical.

Health care dollars are not unlimited. Any funds spent on nontherapeutic circumcision takes funding away from valid, necessary therapeutic services. As stated in the news article, many third-party payers have decided not to provide payment for this nontherapeutic operation.

Circumcision rates vary significantly by state, and a comparative study of child health in states with high and low rates of circumcision might produce some indication of its actual value or harm; however, no such study exists. In the meantime, the evidence of harm and certain injury is very clear.[1,2]

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2. Taylor JR, et al. The prepuce: specialized mucosa of the penis and its loss to circumcision. *Br J Urol* 1996;77(2):291-5.

LEADING BY EXAMPLE

As a graduate nurse in 1972, I was hired to work in the ED. Like Maureen Shawn Kennedy, I worked with the most amazing nurse, Ms. S, who was very similar to Miss B, the nurse described so eloquently in the *Editorial* ("Following Miss B's Lead," February). Perfectly starched white uniform, cap, white stockings, and shoes. Quietly demanding with incredible standards. She indeed set the bar very high for everyone.

I was very fortunate to have been taken under her wing, and she fostered a great relationship between us. I quickly learned that there was no room for error in the ED. But, most importantly, she showed me that putting my patients first, as opposed to the physicians' egos, really worked. That said, she received immense respect from the physicians who came through the department, including all the residents in family practice. I now work in a busy family practice office, and I still hear her voice when dealing with a difficult situation.

Thank you for stating that nurses "must be leaders in every venue where people receive health care, and at every level of care." Strong, smart nurses are essential to a good health care system.

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SIDS TERMINOLOGY

I applaud Rebecca Matthews and Andrea Moore and their public health intervention in Arkansas to raise awareness and promote safe sleeping practices for infants, especially those in day care ("Babies Are Still Dying of SIDS," *In Our Community*, February).

Having lost a granddaughter to sudden infant death syndrome (SIDS), I know how vital and important it is to educate the public on these issues. In fact, when I was director of patient services at the Visiting Nurse Association of Long Island, Inc., in Garden City, New York, I developed a maternal-child program with the intent of educating mothers and mothers-to-be about how they could reduce the incidence of SIDS.

However, I think the term "SIDS prevention" shouldn't be used. Because we don't know specifically the cause of SIDS, we can't prevent it. We can only decrease the risk of its occurrence. Babies have been known to die of SIDS in the supine position. My son is a physician, and his wife is a maternity nurse. They practiced all risk-reduction measures, and yet their baby girl was a victim of SIDS. To say this could have been prevented is heartless.

I currently make bereavement home visits to parents who have lost an infant to SIDS. They often feel very guilty and blame themselves for the death, thinking they might have somehow caused it. It's so important that they understand that the cause of SIDS is unclear; its risk can be diminished but its occurrence not necessarily prevented.

As health care professionals, we need to educate the public about reducing the risk of this tragedy, but we also must be sensitive to those who have lost an infant to SIDS.

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Authors Rebecca Matthews and Andrea Moore respond: The pain

of losing a baby is great and made even more painful when all precautions are taken to ensure the baby's safety, such as placing her or him in the supine position. The terminology that accompanies a sudden unexplained infant death (SUID) is confusing and often leads to misunderstanding. SUID is a more accurate term than SIDS, because it more precisely states the cause of death as being sudden and unexplained.

We take measures to improve the odds of staying well or avoiding death—screenings, immunizations, the use of seat belts—but we have no guarantee of 100% protection, only a reduced risk. Likewise, in our teaching about SUID, we don't give parents the illusion that all sudden and unexplained deaths will be avoided by creating safe sleep environments. However, some vulnerable infants can be saved by altering the sleep environment and by modifying other risk factors.

Feeling guilt and blame is very common after a SUID—it's a natural part of the cycle of grief. Bereavement visits from a nurse who has experienced a similar loss surely helps these families to find healing. We salute you.

UNITING NURSES

In "Wishing and Hoping" (*Editorial*, January), Maureen Shawn Kennedy laments the disaffiliation of the New York State Nurses Association's 37,000 members from the American Nurses Association (ANA), calling it "a significant loss" and noting that many RNs don't belong to any professional organization.

In my professional development, I indeed looked at membership in various professional organizations, including the ANA. Sadly, I found that its politics were in no way aligned with my own belief system, and I very much disagreed with the organization's political endorsements.

Currently, I belong to three professional organizations, including one regional and two national groups: the Association for Health Care Educators of the Midwest, the National Association of Orthopaedic Nurses, and the Association for Nursing Professional Development. None of these organizations endorse political candidates, and I don't believe they have political agendas. With such a large number of potential members, it's unwise for an organization to choose one side of an issue when many of the potential members may believe just as strongly in the other side.

Yes, nurses need a voice, and many could be more involved than they are. But I believe many of us do "come together" at a community and state level with our actions, community work, and votes at election time—without the "assistance" of lobbyists and political agendas.

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PARKINSON'S DISEASE

As a patient with Parkinson's disease, I can attest to the timely and correct information described in "Perioperative Medication Withholding in Patients with Parkinson's Disease" (January).

I was recently a patient at our local hospital. I need to take 4 mg of Requip at 10 PM and 2 mg at 2 AM or 3 AM to prevent muscle spasms at night. I buzzed a nurse two or three times between 3 AM and 4 AM because I hadn't yet received the medicine, but there was no response. When the spasms began, I finally gave myself a dose of the medicine.

When the LPN gave me my 7 AM medications, these included a 2-mg Requip pill. I told her I'd already taken a dose a few hours earlier, and she became very angry and upset. She told me I shouldn't have taken the medication on my own and that they didn't give out such medications in the middle of the night.

When my physician came in soon after, I asked him if he would write an order allowing me to self-administer my Parkinson's disease medications. The nurses weren't happy about the order, but they complied. I wrote to the director of nursing, and the situation was addressed in the quality improvement plan.

A better understanding of Parkinson's disease medications and the problems faced by those taking them, as put forth in this timely and informative article, might have prevented this problem.

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