Welcome to ICN’s CNR and 23rd Quadrennial Congress 2005 in Taipei

The International Council of Nurses (ICN) and the Taiwan Nurses Association (TWNA), the co-hosts of Council of National Representatives (CNR) & 23rd Quadrennial Congress, have scheduled the CNR and Congress to be held from May 20-27, 2005 in Taipei, Taiwan. The theme of the event will be “Nursing on the Move: Knowledge, Innovation and Vitality” and the congress venue will be the Taipei International Convention Center. Taiwan is rich in cultural heritage and natural scenic beauty. TWNA, as co-host of this event, hopes that you can make a visit here, as well as sincerely welcoming you, your relatives and friends to attend the Congress in 2005.

IND 2002 Celebration

On May 9 the Taiwan Nurses Association hosted a national celebration for International Nurses Day 2002. The event included a ritual of passing on candles, a award ceremony for five selected outstanding nurses and for 389 seniors who have served nursing for at least 25 years, and an entertainment program. In early 2002 upon receiving the IND kit from the ICN, the association immediately circulated the related information to over 600 hospitals and nursing schools around Taiwan and requested them to conduct nursing activities on the theme of “Nurses Always There for You: Caring for Families”.

Dr. Shou-Hui Lin, President of the Taiwan Nurses Association moderates the National IND Celebration.

The Taipei International Convention Center (TICC) has been proposed as the venue for the ICN Congress 2005.
Three Senior TWNA Members Receive the Twelfth Medical Care Dedication Prize

The Medical Care Dedication Prize, the highest award for doctors and nurses in Taiwan, has been co-sponsored by the ROC Department of Health, Legislative Yuan, ROC Health Welfare Environment Council and Min-Sheng Daily News annually since 1991 to recognize medical personnel’s significant contribution to society.

Three of our senior members, Pao-Tien Chu, aged 90, Hsin-Hsin Chung, aged 80 and the late Yu-Mei Juan were selected to receive the award on April 26, 2002. These three nursing experts have dedicated all their lives to nursing and made profound impacts on the nursing profession in Taiwan. We would like to share their achievements with you here.

Ms. Pao-Tien Chu, who has been called the Street Public Health Guard, is a pioneer of public health education in Taiwan. She educated residents about health, made home visits, and helped improve maternal-child and family health care as well as extending nursing care to people from their births to the end of life. The effort Ms. Chu has made is a fine example for younger generations of nurses to follow. Another significant contribution Ms. Chu has made was to cultivate a great number of public health related nursing educators and practitioners. We have also been very proud of Ms. Chu, who moved a resolution on setting the International Nurses Day (IND) with the birthday of Ms. Florence Nightingale to mark the great founder of nursing when she served as President of the Taiwan Nurses Association. The resolution was passed in the ICN’s CNR meeting held in Melbourne, Australia in 1961.

Ms. Hsin-Hsin Chung regards nursing as her life career and sees nursing as not only a merciful and tender care service but also a science and an art of life caring. Ms. Chung led a reformation of the Nursing Care System, replacing the original Functional Nursing with Primary Nursing when she served as Director of the Nursing Department at National Taiwan University Hospital during 1972-1978. The system has been broadly used till now in Taiwan. Ms. Chung’s specialty is in psychiatric nursing. Her achievements in educating so many outstanding nurses in this field have also won her a reputation as the Founder of Psychiatric Nursing in Taiwan.

Ms. Yu-Mei Juan has been named the Mother of Long-term Care in Taiwan. In 1987, she conducted a Long-term Care Experimental Project, which became a turning point in the development of long-term care on the island. She fully advocated her community concept that has been used in long-term care institutions. Ms. Juan, with her characteristics of persistence, hard work, idealism, inclusiveness, and kindness died of lung cancer last year, at age 52. Her touching and splendid story will stay in our minds forever. (Source: Health Welfare and Environment Foundation)

The Department of Health (DOH) provides NT$40 million in funding to smokers seeking therapy in clinics. Each patient can receive reimbursement of half the total fees. This project will benefit about 21,000 smokers. The DOH also sponsored the Taiwan Nurses Association to host the Workshop on Nursing and Tobacco Injury in May. It is hoped that through roles taken by nursing practitioners and school nurses, the effectiveness of tobacco control can be greatly extended.

The Law of Tobacco Control, which was passed in Taiwan in 1997, prohibits smoking in public areas. This has done much to protect people from the dangers of second-hand smoking.

In May 2002 the Legislative Yuan amended the law, to forbid the use of the words “light tobacco” and “low nicotine” on cigarette boxes. In Taiwan, several tobacco companies used to improperly name their products, with names such as Long-life Tobacco, hoping to attract more buyers and make a large income. This, however, is now forbidden.

The smoking rate in people above age 18 in Taiwan was estimated at 47.29% among males and 5.23% among females by a study conducted in 1999 by Ms. Lee-Lan Yen. The research also indicated an increase in smoking among young people and females.

Joining with the rest of the world, Taiwanese health authorities and foundations carried out a series of activities on tobacco control on the theme of “Tobacco Free Sports-Play it Clean!” to mark World No Tobacco Day on May 31, 2002. Publicity poster entitled “Sport without Tobacco” designed by the John Tung Foundation.
The Code of Ethics for Nurses in Taiwan—Chinese Version was completed in 1994 and has been used as a guide in all aspects and settings by nurses in Taiwan since then.

I. The fundamental responsibilities of nurses:
1. The nurse assumes the fundamental responsibilities of promoting health, preventing illness, restoring health and alleviating suffering.

II. Nurses and people:
2. The nurse respects the life, human dignity and values of the individual.
3. The nurse respects the spiritual beliefs and customs of the individual.
4. The nurse accepts and respects the uniqueness, autonomy, and individuality of the individual.
5. The nurse respects and safeguards the individual’s privacy and gives psychological support when conducting interviews, examinations, treatments and nursing interventions.
6. The nurse holds the medical treatment data of the individual in confidence and exercises careful judgment in using such data, except insofar as permitted by consent of the individual, as directed by a court, or as needed for medical treatment.
7. When providing medical care, the nurse explains sufficiently in advance and acts only with the individual’s consent, except in an emergency.
8. In performing medical care activities, the nurse safeguards the individual from injury.
9. The nurse respects the individual’s will as to whether to participate in a study or experimental treatment, provides protection and safeguards from injury, and assures the individual’s legitimate rights and interests.
10. The nurse provides nursing instruction and consultation appropriate to the individual’s abilities and needs.
11. The nurse enhances the individual’s knowledge and ability in health care.
12. When an individual is hospitalized, the nurse explains the relevant rules of the hospital to the individual and family to avoid injury to the individual and assure the individual’s legitimate rights and interests.
13. In an emergency, the nurse effects urgent care interventions according to need and contacts a doctor at once.
14. The nurse holds an open, cooperative, and respectful attitude toward the individual and family and encourages them to join in planning and care activities.
15. When the individual questions treatment charges, the nurse gives sufficient explanation or consults the relevant authorities for clarification.
16. The nurse actively stands up for the individual’s rights and interests and takes safeguarding actions on discovering unethical or illegal conduct by co-workers or any other person.
17. The nurse renders referral and follow-up to the individual when continuing medical care is needed.
18. To the dying individual, the nurse offers respect and lets them die in peace and dignity.

III. Nurses and practice
19. The nurse provides care corresponding to professional standards and at all times maintains the highest nursing standards possible.
20. The nurse uses judgment regarding individual competence and professional qualification when accepting and delegating responsibility.
21. By continued learning, the nurse maintains a standard of personal conduct and practice competence, to raise the social status of the nursing profession.
22. The nurse accepts responsibility and accountability for actions in nursing practice, reflects on such actions and works for improvement.
23. The nurse courteously declines gifts offered by the individual or family, to safeguard the image of the profession.
24. The nurse provides individual, equitable, and humane care.

IV. Nurses and society
25. The nurse is active in developing and supporting activities to improve public health.
26. The nurse educates the public to expand their health care knowledge and ability.
27. The nurse shows concern for social, economic and political factors affecting health, and actively participates in proposals related to policy.
28. The nurse ensures that professional status is not exploited by the merchandising of products.

V. Nurses and co-workers
29. The nurse sustains a good co-operative relationship with health care teammates and shows them mutual respect.
30. When the nurse’s professional knowledge and ability are not sufficient to provide care, the nurse asks for others’ assistance or reports to a superior.
31. The nurse takes appropriate action at once and reports to relevant persons or a superior when any activity endangers the nursing profession, service quality or the physical, psychological or social well-being of the individual.
32. The nurse takes appropriate action at once and reports to relevant persons or a superior when the health and safety of co-workers are endangered such as to affect the standard of professional conduct or quality of care.
33. In the field of the nurse’s individual expertise and experience, the nurse assists co-workers to develop their professional ability.
34. The nurse assists other health care teammates to safely perform their appropriate role functions.

VI. Nurses and the profession
35. The nurse works actively to determine acceptable standards of nursing practice.
36. The nurse actively develops nursing expertise and ability to raise his or her professional level and image.
37. The nurse joins nursing professional organizations and actively participates in activities contributing to nursing development.
38. The nurse sets an example to nursing students, and has a spirit of willingness to teach and to learn, in order to train excellent nurses; and gives timely guidance and psychological support.

(Translator: Ms. Lifen Wu, Member of the International Affairs Committee of the Taiwan Nurses Association)
Chinese Medicine has been deeply influenced by the thinking of Chinese traditional philosophy—Yin and Yang and the Five Elements of metal, wood, water, fire and earth, and the theories of vital essence and energy, and configurative force and of diagnosis based on physical appearance and demeanor. Chinese Medicine emphasizes holistic view, which derives from the integrity and harmony of the human body and nature. It seems that it differs greatly in viewpoint from Western medicine that regards the diagnosis and cure of disease itself as the most important.

Chinese Medicine emphasizes 30% medicine and 70% health adjustment. Chinese Medicine strongly supports the concept of body health care and nurturing and is intimately related to nursing. Although people in Taiwan rely on Chinese Medicine more and more intensively, the knowledge and skills of regular nursing education in Taiwan in the past were all introduced from Europe and the USA. Nurses around the island were not educated in nursing for Traditional Chinese Medicine in normal education and to some extent they would choose to ignore and reject it, in spite of its imperativeness and importance in medical field.

In light of the situation, the association set up the Traditional Chinese Medical (TCM) Nursing Committee in 1997 and started to collect relevant information on TCM Nursing and to actively develop Chinese Medical Nursing. Our great hope is that we can operate more effectively and do greater good to patients if a combination of Chinese and Western medicine is applied well in the health care delivery system.

In early 2000, the association urged the government to formally promulgate training courses in TCM nursing, including Introduction to Chinese Medicine, Introduction to Chinese Herbs, Traditional Chinese Medicated Diet, Traditional Chinese Traumatology Nursing, Acupuncture Nursing and Traditional Chinese Medicine Nursing, and Nursing Practice. So far, more than ten colleges and universities have started TCM nursing curricula and two Graduate Institutes of Integration of Traditional Chinese Medicine with Western Nursing have been established to give training in advanced knowledge of TCM. Under the patronage of the Committee on Chinese Medicine and Pharmacy, Department of Health, our association conducted six Workshops on TCM nursing, which benefited at least 600 nurses around the island who participated in the workshops free of charge. Roughly estimated, over one eighth of nurses in Taiwan have approached the knowledge of Chinese Medicine.

Following the setting up of graduate institutes, research in TCM is becoming more widespread. A great number of postgraduate students are joining TCM nursing, especially in acupuncture. There is a continuing expansion of research into facilities, resources, policies, topics and measurement. The Committee on Chinese Medicine and Pharmacy, Department of Health also promulgated the practice scope of Chinese medicine, which includes nursing assessment in health problems; measurement in preventive health care; nursing instruction and consultation; and medical care aid procedures carried out under the instruction of physicians. The care aid procedures include acupuncture therapy, nursing care in acupuncture, moxibustion, ear acupressure, Chinese herb ultra-sound inhalation, Chinese herb retention enema, Chinese herb sit bath and other Chinese medical care aid procedures accredited by the health authority. Chinese Medicine Nursing working handbooks, regulations, bylaws, descriptions, and handbooks of health education continue to be revised and developed. In Taiwan, most of the Chinese Medical Hospitals offer outpatient services but only two of them provide hospitalization.

Presently, more and more nurses in Taiwan are beginning to take an interest in, understand, and think highly of Chinese Medicine Nursing. The association also explores related Chinese Medicine Nursing issues with nursing leaders and nurses through a variety of formal and informal channels. To upgrade Chinese Medicine knowledge, nursing experts in the field also frequently make exchanges across the Taiwan Strait. School educational materials on Chinese medicine nursing are being compiled. We believe that nurses in Taiwan will soon give the world a different image of the integration of Chinese medicine with Western nursing.