Carers would pet my dog but they wouldn’t touch me without gloves

THE PATIENT

Tony Nicklinson is paralysed and relies on 24-hour care. Here he questions why carers wear gloves for non-clinical procedures

My stroke in 2005 left me with locked-in syndrome. I’m unable to speak and paralysed from the neck down. I’m a 56 year old civil engineer, and I need care 24/7.

I spent two years in hospital and a residential nursing home, and can’t recall staff wearing gloves. When I came home in 2007, local arrangements were made to provide care.

For two years I didn’t notice that my day carers wore gloves – it only came to my attention when we had a different night carer. Sometimes my heels need elevating and the carer asked me to wait while she put on some gloves. I was astonished because all she had to do was to lift my legs and put a pillow underneath. It took longer to put on the gloves than to raise my feet.

There is a place for gloves in healthcare but it seems they are worn as a substitute for basic hygiene, such as handwashing. Wearing them while undertaking clinical tasks is primarily about infection control and evidence supports its efficacy, but I can’t think of any reason – apart from convenience – why they should be worn for non-clinical use.

I asked the community matron to find a company whose workers wouldn’t insist on wearing gloves. Eventually one was found but during the transition period there were some problems with the male carers. They insisted on wearing gloves at all times whenever they were with me and, while they were happy enough to pet our dog without gloves, they wouldn’t touch me if they didn’t have them on. Imagine how that made me feel – I was regarded less favourably than the dog. I felt like a leper – unclean and contaminated.

I’d suggest a new approach to gloves in the home. Within one week of taking on a new client, the company should do the care checks at the house. If it finds that both the domestic arrangements and personal hygiene are satisfactory, then gloves need not be worn.

Carers should explain why gloves are necessary when worn for clinical reasons, and ask clients’ permission if they are worn for non-clinical reasons. If clients object, the carers should defer to their wishes.

Something must be done. I hope this story will make people think about the non-clinical use of gloves in the home and promote discussion within the healthcare profession.

For an extended version of this article, see nursingtimes.net/nursing-practice

Learning points

- Using gloves is not a substitute for good hand hygiene
- Using gloves unnecessarily is a poor use of resources
- Providing care requires a partnership based on mutual respect and consideration for the patient
- We should ask ourselves: “Would I be happy if I were cared for in this way, or if my loved ones were?”

Linda Nazarko is senior lecturer at South Bank University and King’s College (visiting) and nurse consultant for older people at Richmond and Twickenham PCT

EXPERT COMMENT

I’ve encountered the practice of healthcare workers using gloves for all contact with those they care for. Healthcare assistants, student nurses and registered nurses of all grades can use gloves inappropriately for all aspects of contact. This practice may be born out of an ungrounded fear of infection or simply a habit.

As Tony Nicklinson says there’s a place for gloves in healthcare. For example, healthcare workers should wear sterile gloves when carrying out aseptic procedures. Non-sterile gloves should be worn when providing care that involves exposure to blood and body fluids. The situation that Tony describes involves contact with his skin and does not require the use of gloves – using them in such circumstances is bad practice.

Using gloves sends the message that Tony, or any other human being in similar circumstances, is less than human and is somehow unclean. Tony has received this message loud and clear – especially as the carer who insists on wearing gloves is happy to pet the dog ungloved.

Nursing theorist Virginia Henderson defined nursing as providing care that the patient would provide to him or herself if he or she had the will, strength and knowledge. That includes caring for the person psychologically as well as physically, and not making the person feel “like a leper”.

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THE PATIENT
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THE RESPONSE
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Linda Nazarko, senior lecturer at South Bank University and King’s College (visiting) and nurse consultant for older people at Richmond and Twickenham PCT, looks at the learning points from Tony’s experience.

Using gloves is not a substitute for good hand hygiene. It is difficult to put on and remove gloves without contamination. Wearing gloves instead of washing is poor practice.

Using gloves unnecessarily is a poor use of resources.

Providing care requires the per-