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Conference report

Brave new world

Global nursing intellectuals gathered at the University of Nottingham in September 2014 (94 *Before Ford*) for the 18th Annual International Philosophy of Nursing conference. The focus of this conference highlights the ongoing debate concerning the parameters and intersections of health, technology and evidenced-based practice (EBP). This discussion could not have come at a better time as the tension between EBP and holistic, individualized care continues to grow. EBP, the standard for establishing large-scale practice at an acceptable cost, may be coming to an end. The hints come from the recognition from a long-held nursing lens of individualized, person-centred care.

On arriving to the United Kingdom via London's Heathrow Airport, it is easy to see how this once-provincial Roman settlement is now a definite contender to be the Global City or as Surrey native, Aldous Huxley, identified this metropolis as the centre of his *World State*. En route to Nottingham, one passes One Churchill Place, easily confusing this edifice and its symbolic community, identity and stability for the Central London Hatchery and Condition Centre. Taking a slight right at St Albans towards Nottingham and onto the M1 motorway, one meets the wide-open spaces and the ancient sites of the Chiltern Hills. In this rolling wilderness, one is reminded of the gap that separates humanity from technology and the possibility of an intersecting outcome where our health, technological and standardized practice will force us to describe ourselves as belonging to one of the categories between α (alpha) and ε (epsilon).

The conference started with a keynote presentation by Professor Nelly Oudshoorn (University of Twente, the Netherlands) who discussed the spatial tensions, which arise in the use of telecare in clinical contexts. One form of tension results in a contextual 'third space' and is an extension of the increasing divide between telenurse and patient. Expanding on the idea of a new third space of caring requires a critical discussion and delineation of any changes in the role of the nurse and the role of the patient. Does the nurse lose her identity along with corporality, as she becomes the observer and an extension of the technology? As for the patient, always retaining the vulnerability that accompanies illness, does the nurse react to their suffering? These are questions that enrich the understanding of technologies role in the nurse–patient dyad.

While understanding the context of telecare and the issue of techno-geography is of priority, what is missing are the safeguards that preserve the centrality of the nurse–patient care interaction. Emmanuel Levinas proposed an ethics, which is based on the response to the suffering of others. The assumption of this ethical framework requires one to be able to see the face of the other. However, with the resulting techno-geographical third space, the face loses corporality and yet simultaneously remains visible. Our history is filled with many horrific instances where the visible face separated from its humanity. (We need not look farther than the Holocaust or the indiscriminate and incessant drone assassinations in the Arabian deserts.)

Oudshoorn offers an explanation of the changes brought on by telecare and offers a counternarrative to the reductionist-dominated descriptions of contemporary health care. Nurses are well aware that context is of utmost importance as holistic care is the centrepiece of clinical nursing practice. What requires additional understanding is the patient's own understanding and delineation of their respective context where care occurs.

Dr. Stephen Timmons (University of Nottingham, UK) discussed a gendered dialectic where technology and nursing is either complimentary or contradictory. Gendered technology compliments nursing as it is empowering or can be contradictory if it further marginalizes nurses. The sociological lens used to describe nursing as subordinate to other health sciences is a welcome interpretation and affirms the gendered obstacles that nursing has overcome (and continues to experience). Within American critical circles, the discussion on how the marginalized negotiate their existence is similar to Dr. Timmons'

differentiation of novice and expert nurses. For the novice nurse, technology comes from the upper and repressive levels of the gendered hierarchy. In the case of the expert nurse, technology is a source of empowerment that not only expands nursing practice but also clarifies the scope of practice for our care colleagues.

Dr. Hans-Peter de Ruiter (Minnesota State University, USA) challenges the mainstream acceptance of the electronic health record (EHR) in care delivery. Appropriately using Marx's Hegelian critique of alienation, Dr. de Ruiter describes attributes associated with the objectification of caring using a quad-levelled context: (1) alienation of the caregiver's labours; (2) alienation of professional sense; (3) alienation of personal identity; (4) and alienation from others (specifically, patients and colleagues). As nursing recognizes the value of their labour, at least in the execution and coordination of care, we should recognize that the objectification of this capital is easily exploitable. One thing is for certain, individuals such as Huxley's Bernard Marx have already mastered the processes of alienation that Dr. de Ruiter describes.

Dr. Bridgette Cypress (Lehman College-City University of New York, USA) delves into the clinical arena through her applied phenomenological examination to the family presence in critical care wards. Dr. Cypress stresses the importance of using non-traditional research approaches to examine clinical phenomena. Through these non-traditional methodologies, units of analysis relevant to nursing can be fully explored. One such understudied and misunderstood area is that of family-centred care. While there is adequate evidence regarding patient-centred care, family-centred care is an area worthy of exploration. At the core of family-centred care are the support systems essential to regaining health. Dr. Cypress is correct in recognizing the need for family-centred care research and as seen in Huxley's work, family and patient systems are not exclusive. For when John the Savage remains external to his mother's health and care, the outcome is disturbing.

Doctoral student Anna Illona Rajala (University College London, UK) discussed how health technologies change the landscape of standardized care. While technological advances (along with EBP) increase efficiency, quality and accessibility, there remains a need for a critical evaluation of this trend. Ms. Rajala uses Adorno and Horkheimer's critique of the culture industry to question the acceptability of health technologies. What is most concerning is the central question of what happens when health technologies no longer achieve market-orientated goals? Will this technology and its benefits cease to exist when it is no longer fiscally advantageous? What puts one at ease is that the caring relationship, at least in the nursing context, transcends social currents and remains central in nurse–patient interactions.

Dr. Juan-Diego Gonzalez-Sanz (University of Huelva, Spain) closed the parallel sessions with an insightful, Ibero-continental application of Michel de Certeau's *Anthropology of Belief* to Spanish midwives use and acceptance of EBP. De Certeau's work regarding b*elief* and b*elieving* critiques the unchallenged acceptance of social frameworks. This unchallenged acceptance, called *medieval believing*, is damaging to belief systems as they become dogmatic. This translates into an ethos that is passively and perpetually accepted, and if de Certeau is correct, results in the loss of a guiding framework for our social interactions.

Unfortunately, this conference report is only a small sampling of the phenomenal speakers that were in attendance at this IPONS conference. This discussion could not have come at a better time, as the challenge to EBP practice is slowly making its way out of nursing intellectual circles and into other health circles.

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