

## 5 of the best DHA-FREE FAKE TANS

Recent news that DHA – the active ingredient in self-tanning products – has been linked to asthma, skin irritation and even cancer has left many reluctant to slather on their bronzing lotion this party season. But there are DHA-free alternatives on the market that give a glow without putting your health at risk. Here are five worth trying.

### 1 BEAUTYLAB PEPTIDE TANNING LOTION 200ml £20, beautylabshop.com

Suitable for body and face, this luxury tan contains peptides to protect your skin from ageing and is perfumed with cocoa, rose petal and jasmine.

### 2 FAKE BAKE FAUX GLO INSTANT TAN 118ml £15, very.co.uk

From the cult brand, this aerosol instant tan contains light-reflecting pigments to help even skintone. Washes off easily.

### 3 MELVITA PROSUN SELF-TANNING GEL-CREAM 150ml £20, melvita.com

Contains Erythrulose – a tanning agent derived from cane sugar – to give a gradual, even tan. Buriti, safflower, coconut and sunflower oils nourish the skin.

### 4 AUSTRALIAN GOLD CRYSTAL FACES 125ml £45, cyranoldt.com

Facial tanner contains DermaDark complex to provide deep, long-lasting colour and stimulate collagen production. Silicone acts as a primer for make-up too.

### 5 HE-SHI ONE DAY TAN 150ml £14.50, he-shi.eu

Award-winning instant tan that is suitable for face and body. Free of parabens and contains Vitamins E and B5 to soothe and protect the skin.



# How tick box culture has made nursing the uncaring profession



By Dr Ellie Cannon

Not long ago, a friend of mine, who is in her 40s, was in hospital following a knee operation. She suffered a reaction to the morphine she'd been given and was very sick. And then the drug wore off completely.

At night in her bed, with tears streaming down her face in utter, desperate pain, she later told me she had never felt so alone. And then something miraculous happened. A nurse appeared, and gently held her hand.

My friend recalls: 'It was almost maternal and I was shocked by the tenderness – I'd not been touched for days, apart from the various functional examinations of my leg. 'She told me, "It'll be okay ... there, there.'

'I stopped crying almost instantly. That nurse stayed with me for however long it took for the new painkillers to kick in – it could have been a few minutes or half an hour – and then I fell asleep.

'I didn't see her again, but I'll never forget how much better she made me feel just by offering some comfort.'

I was reminded of her story last week, when I read that Chief Nursing Officer Jane Cummings wanted to see the return of compassion to the curriculum of student nurses, alongside clinical skills.

I felt my heart sink with recognition of a problem I have been fighting against for years.

The return of compassion? It is a phrase that begs the question: How has simple human kindness become so lost from a job once called the caring profession?

For, while that nurse who held my friend's hand undoubtedly understood the power of such a simple gesture, a series of recent reports has revealed the poor care some patients, particularly elderly, receive at the hands of nurses.

Last September it was revealed in this newspaper that nursing staff were to be given red tabards emblazoned with the words Do Not Disturb. Drug Round In Progress. A pilot scheme trialled the tabards on two wards at the Queen Elizabeth The Queen Mother Hospital in Margate, Kent. One nurse at the time said: 'What we do when interrupted is simply turn round to face the patient and point to the words.'

Due to the public outcry the scheme was withdrawn



**PRESSURE:** NHS nurses in Do Not Disturb tabards that caused an outcry

but, alongside damning assessments by official bodies such as the Care Quality Commission and The Patient Association, these tabards became symbolic of all that was wrong with modern nursing practice.

As a fellow healthcare professional, I welcome what the CNO has said, not just for nurses but for all of us in the NHS.

While many nurses provide an excellent service, it is by no means universal. Nursing was once a voca-

tion for those with a disposition for consideration and support for others. But not any more.

I agree with Jane Cummings. The problem lies in the evolution health care has undergone. In today's time-pressured, economically drained NHS, holding a hand is no longer a priority. The target-based bureaucracy of the NHS has effectively killed off compassion.

When I look at my own practice nurse, who is both empathetic and caring, the few minutes she could spend talking to a patient after a flu jab is dominated by completing a lengthy computer form. She has to input the data correctly or the practice doesn't get paid.

Reflecting on my own practice as a GP, it is easy to see in a time-pressured clinic where the kindness can get lost. We get points and therefore practice income for checking a blood pressure, but not for asking about the patient's Christmas plans. Ticking the points on the computer system is drummed into us and discussed ad infinitum. Compassion is not.

The modern career path of a nurse has done little to support the emotional aspect of the profession. Whereas nursing was historically an apprenticeship, it has now become much more academic.

Paradoxically, the more academically able and ambitious nurses will then spend relatively few years nursing before moving into NHS management. This is an incredible waste of skills and training, and perhaps belies a misguided lack of respect for nursing as a career. The more ambitious nurses are tempted out of their vocation by much larger salaries.

I can certainly see the rationale behind adding kindness to the tick-box targets. But I am concerned that it could be almost counter-intuitive to attempt to measure what is essentially a personal characteristic. Of course, bedside manner has always been an acquired skill – tacit knowledge passed on by the more experienced.

As a medical student in my early 20s, it was frightening to be faced with terribly sick, angry or distressed patients – and I'm sure I made a few errors in handling sensitive situations before finding ways to break bad news, or comfort the bereaved.

My worry is that tick-box culture has gone on for so long, there is no one for young nurses to model themselves on.

And I am not convinced genuine warmth, empathy and consideration can even be measured as Cummings hopes. Seeking to quantify compassion could undermine an individual's inherent compassion by trying to standardise and rationalise it. But I concede we should certainly be trying.

At Birmingham City University, teaching compassion to nurses is already embedded in the curriculum. The students spend half their time in clinical placement and are assessed on their attitudes. Crucially, teachers seek feedback from patients on their perception of caring attributes.

Unfortunately, there is a long way to go to optimise the working environment for nurses so they have ample time to focus on care. Wards are overcrowded and short staffed, patients have complex needs and there is tremendous pressure from management to discharge patients and clear the beds.

The announcement by the Chief Nursing Officer is a very important one but it is a strategy that is going to prove hard, in the current climate, to implement.

● [twitter.com/Dr\\_Ellie](https://twitter.com/Dr_Ellie)

## Ask the CHEMIST

**+** I have diabetes and get cold feet in winter. What can you suggest?

'Diabetics can suffer with poor circulation, a cause of infection,' says Mahmoud Tawfik of Bliss Pharmacy. 'Incredisocks Rx Diabetic Socks (£21.50, blisslife.co.uk) release negatively charged atoms to boost blood flow to the feet.'

