

Nursing at the
EDGE



Mother of invention

MARIE MURRAY



Royal College
of Nursing
Scotland



Dumfries prison is a forbidding place. A grim Victorian building with castellated ramparts wreathed in razor wire, it stands sentinel on the edge of town. Approaching the gates involves passing a fenced-off primary school playground where young children race around, squealing with delight.

Chances are, before too long, some of them will find themselves on the wrong side of these blood-red sandstone walls. For that is the sad reality of life in a community that has been hit hard by modern times.

"A lot of the people I treat have had disadvantaged childhoods and there's not a lot of work for them when they grow up," says nurse Marie Murray. "Drugs can become their way of life. And then they're at risk of ending up in places like this."

Marie is an infectious diseases specialist nurse with NHS Dumfries and Galloway, and she delivers a regular clinic for prisoners at HMP Dumfries. Her caseload today includes a young man called Ned, who is due for release soon. He is brought from his cell for a consultation in the prison's health centre.

They chat about Ned's plans: he is going back to his mother's, and intends to steer clear of heroin. While he has been in prison – for assault, shoplifting, housebreaking – he has received treatment for Hepatitis C infection, commonly contracted by sharing needles, and Marie is looking forward to sharing the news that he is now free of the virus.

Ned asks if that means his platelet count is back to normal. Marie says not yet, but that it ought to recover within

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weeks. "Only worry if you start losing blood from your gut," she says.

"Can alcohol cause that?" asks Ned.

"Aye," says Marie, warning him against drinking too much when he gets back home to Stranraer.

Marie assures Ned that his liver function tests are good, but cautions that if he restarts injecting he puts himself at risk again. "There's too much temptation," says Ned, who used to work on the fishing boats, "but I don't want to go back to all that."

Marie tells Ned that she'll see him for a check-up in six months time, and wishes him the best of luck. She really means it. "There are some patients that just break your heart because everything's so stacked against them," she says. "These are people who desperately need help."

When she was starting out on her career, Marie imagined that her vocation lay in cancer nursing. Having trained in Scotland, her professional path took her to Australia where she worked in oncology. Returning to the UK, she specialised at the Royal Marsden cancer centre in London. However a rekindled school romance brought her back home to Dumfriesshire, where she now lives with her husband Will and their teenage sons.



"I never forget that the people I see are somebody's children," she says. "None of us knows what way our kids might go. I think you've got to treat everyone as if they were your own."

It came as a bit of a surprise to Marie to discover how much she loves working in infectious diseases. When she was appointed to the newly-formed service based at Dumfries Royal Infirmary 12 years ago, she was introduced to challenges that she hadn't known existed, and she has enjoyed responding to them ever since. Along the way, she has been developing a culturally-sensitive, nurse-led service that is transforming patients' lives.

Marie's patch covers south-west Scotland. A largely rural area, it has pockets of severe deprivation where heroin abuse is rife. Thanks to needle sharing, blood borne viruses such as HIV and Hep-C have taken hold and it is Marie's job to treat and support infected people.

Patients may be identified by their GPs, drug services or via hospital, but it falls to Marie and her team to pick up their treatment and follow it through. Because of chaotic lifestyles, many drug users need extra support to enable them to comply with what can be gruelling treatment regimes.

"People have to be stable to see it through. If someone's homeless, I try to make sure they have a place to live and

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a fridge to keep their medicines in," says Marie. "I'm very persistent. I don't take no for an answer."

Access to benefits is a big issue, and Marie sees a growing number of people who use foodbanks. She liaises with voluntary organisations, drug and alcohol teams, housing and benefits offices, social work and criminal justice. Her clients may need child and adult protection support, and there are sometimes domestic abuse issues to address. "It involves a whole new way of working," she says. "Health people can't deal with all this alone."

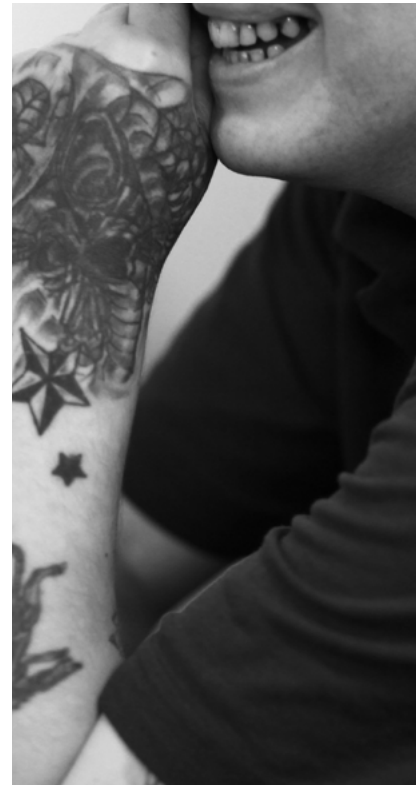
NHS Dumfries and Galloway's infectious diseases team is small: led by consultant physician Dr Gwyneth Jones, it includes associate specialist Dr Zeyad Bayaty, clinical nurse specialists Marie and her colleague Liz Kent, and a clerical team of two. The service is run from Dumfries Royal Infirmary, and there are outreach clinics in Stranraer and Annan, as well as in the prison.

Dr Jones credits Marie with being a driving force behind the success of the service. "Our patients are unsure of authority figures. Marie gains their confidence and trust," she says. "It helps that she grew up here, and knows how the different communities interact. She applies her health knowledge in the context of patients' lives, and has a big skill toolbox to choose from."

The team's reputation for going the extra mile for patients has extended their reach. "We are not judgemental, and we're open and honest with folk," says Marie, who admits to a tough love approach. "I tell them 'I'll do the best that I can for you, but you've got to play your part too.' That seems to work pretty well."

Marie has continued studying, and uses what she learns to develop her service. Having discovered that poor literacy is an issue for some, she started calling people to remind them of appointments, and to check that they understand what they have to do to maintain treatment. For others, text messaging is the preferred form of contact. "You've got to get to know your clients, and work out how best to engage them," she says. "One size does not fit all."

Treating people with Hepatitis B is another task for the team. The virus, commonly spread by poor health care infection control in Third World countries, is prevalent in Chinese and South Asian communities. It is not curable, but the effects of infection, including liver cancer, can be monitored and managed well. Marie has good links with the Edinburgh transplant centre, where many of her patients have received organs.



“This time I’m thinking about my health. I don’t want to use drugs any more. I want it all sorted now.” ROBERT FERGUSON

Thanks to the catering industry, Dumfries and Galloway has a significant Chinese population. For her post-graduate health studies degree Marie researched health-seeking behaviours of the Chinese community, and learned about how to work with them. For instance, she scheduled clinics for Tuesdays, which is typically the Chinese restaurateurs’ day off, and uses an app on her smart phone to translate.

Families now spread the word, and Marie has a cohort of more than 70 patients across the region. “Chinese people are keen to access treatment, and share what they know with others,” says Marie. “They are very receptive to treatment.”

A future Hepatitis B challenge is to make inroads into the South Asian community, where there are known to be undiagnosed infections. Conversations with the local mosque are proving positive, but Marie knows it is going to take time to build trusting relationships there.

When it comes to HIV, Marie works hard to raise awareness of the need for diagnosis. The team takes referrals from GPs, genitourinary clinics and local drug agencies. “But there’s a lot of work we still need to do to change attitudes to HIV,” says Marie. “Too many people still test late.”

Despite major advances that mean HIV is now a long-term condition and not the death sentence it once was, the stigma surrounding it remains acute. By working with GPs, Marie is doggedly driving up testing and referral rates. She is also leading on education and awareness-raising among other health professionals. “There’s still a great deal of ignorance about HIV,” she says. “We must do everything we can to build trust and deliver a service that people want to use.”

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Which is why Marie now goes in to HMP Dumfries, instead of expecting prisoners to come to her. That used to be the way it worked, but the men hated being stared at as they waited to be seen, handcuffed to a guard. “They deserve the same access and standard of care as anyone else,” says Marie. “Prisoners are much more relaxed when I see them inside.”

AT HMP Dumfries, Marie works alongside the prison’s addiction nurse Amanda Allen. “It has made a great difference to the service we deliver here,” Amanda says. “Marie is an expert in her field. She has improved my confidence tremendously.”

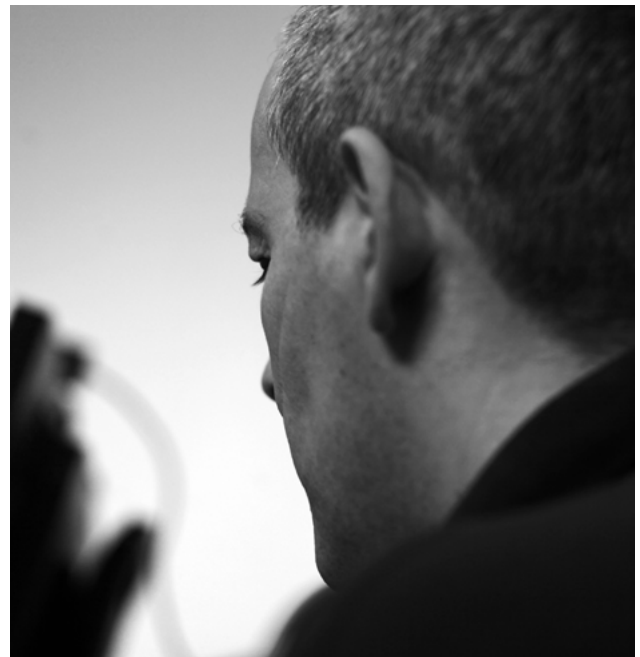
Amanda has always worked within the prison health care service, which became part of NHS Scotland in 2011. “We felt very isolated before. Working with people like Marie has changed all that for me,” she says.

In the prison clinic Marie logs on to an NHS computer system that gives access to lab results, scans and x-rays. Amanda keeps paper records for prisoners and together they see a roster of patients. Today they are joined by student nurse Holly Little, who says she is learning loads.

Next up is former drug user Brendan, who is nine years into a 25-year sentence for murder. He is being treated for Hepatitis C that he believes he contracted from a tattooist’s needle. “Marie’s brand new. She talks to you and explains what it’s all about,” he says. “I want to get myself cured. But there’s people in here who say ‘it’s just hep’. They go back out, give it to their girlfriends and it becomes a big evil circle. Marie gives them a chance to change that.”

The last patient of the day is Robert Ferguson*, an ex-heroin addict who has been in and out of prison since he was 16. Now 40, he wants to get clear of the virus as his girlfriend would like to start a family when he’s finished this stretch for concern to supply class A drugs.

Marie discusses the side-effects he can expect from the treatments that are available for her to prescribe. Soon there will be better ones, she says, but these might cause nausea, headaches, mood swings and more. She takes his medical history and arranges for a liver scan and mental health assessment. “Two years ago I started treatment, but I was moved to another prison,” says Robert. “This time I’m thinking about my health. I don’t want to use drugs any more. I want it all sorted now.”



The prison population is literally a captive audience for Marie. “People have a period of stability here, and are more likely to complete treatment,” she says. “It prevents liver disease and reduces ongoing transmission. That’s got to be good for everyone.”

If she had her time again, Marie says she would have no qualms about taking up infectious diseases nursing from the start. “It brings opportunities to make a real difference,” she says. “You need the support of colleagues and a level head on your shoulders, but it offers nurses the scope to do the things that need to be done.

“My advice to young nurses? Never forget that you have the authority to do your best for patients. Never let anyone tell you that you’re getting above yourself. Don’t ask for permission, and be prepared to fail – what you learn will help you succeed next time.

“And most of all, be prepared to stick your head above the parapet. You might risk getting it knocked off, but it is worth it in the end.” ■

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