All Questions

I have wanted to write a short piece (e.g., an editorial, short article, or letter to the editor) constructed entirely of questions rather than statements.

I will admit that one of my intentions in so doing is to provoke the listener, or reader, into a meaningful exchange of ideas. Rather than telling of content, using questions could lead to critical dialogue.

Do you know that there are many different types of questions? Have you heard that some questions are asked simply to get clarification, whereas others, more explicitly, challenge assumptions? Is your initial reaction to this questioning approach positive or negative? Will you continue to read and hope to have some new ideas emerge, or will you stop here? If you are still reading, are you likely to change your perspective about what an editorial should be?

Have you read the guest editorial by Richard Humm and Alan Simpson in the January 2014 issue of the Journal of Psychosocial Nursing and Mental Health Services? Have you read any or all of the articles in the special issue?

Have you guessed that the inspiration for this “questions editorial” was generated by the September 2013 meeting of the Network for Psychiatric Nurse Researchers (NPNR), which was attended by Dr. Simpson and his colleagues? Did you know that the inspiration for this “questions editorial” was generated by the September 2013 meeting of the Network for Psychiatric Nurse Researchers, which I attended? Did you know that the “Q & A” after my presentation on high-energy drinks (HED), with and without alcohol, was more questions than answers? Are you now aware that not having answers was troubling to me? Are you now aware that you will read many troubling questions?

Questions for which I had no answers:

- What can you tell us about the degree to which people with severe mental illnesses currently use Red Bull® or Monster®? Do these drinks make their symptoms go away or abate? Is it dangerous for patients using medications for depression to consume HED? Does adding alcohol make it worse? Is it dangerous for patients using medications for schizophrenia to also consume HED? Are people with schizophrenia who use HED likely to have their thought disorders negatively affected by the brain stimulants?

- What do we know about people who use HED to self-medicate? Does using large quantities (many cans) put them in any danger? What kind of danger? What should mental health professionals be telling their patients about HED?

- Do people stop taking antidepressive and antipsychotic medications and substitute Red Bull, Monster, or Amp®? Are these cheaper than prescriptions?
Editorial

- Is one particular brand favored as the drink of choice?
- Do psychiatric hospitals allow HED in their beverage machines or coffee shops? How many hospitals forbid caffeine in any form to be drunk by patients?
- Do these hospitals keep the staff from using caffeine while working? Do hospitals allow decaffeinated coffee, but not the regular brew? Is cola or other soda with caffeine allowed? Do staff or patients know how much caffeine is in a cup of coffee or a can of cola or HED?
- How many psychiatrists, psychiatric nurses, psychologists, or social workers use HED? Do they drink coffee in the morning and then switch to HED later? Do people working on night shifts use more? How much more? Do staff know how many milligrams of caffeine, per day, is considered safe? Are there studies to define this “safe” amount? Why doesn’t the U.S. Food and Drug Administration (FDA) regulate caffeine? Is caffeine not a drug?
- At what age should children be allowed to drink coffee or regular cola?
- Should schools allow HED in their dispensing machines?
- If I did a literature search to find answers to these questions, would I have success? Do hospital newsletters or bulletins include information on practices of forbidding caffeine?
- I know about wards where caffeine is not allowed, but why can’t I find statements about this in their policy or procedure books? Are visitors searched to make sure that they do not bring caffeine or HED into the facility?
- Should nurses and other professionals in emergency departments add questions about the ingestion of HED in their intake protocols? If they already ask questions about alcohol ingestion, why not HED?
- Is heavy use of HED likely to trigger a mental illness? Isn’t Red Bull better than lithium for depression? Because I’ve heard nurses discuss adjusting lithium dosages when patients adjust their caffeine intake, why don’t they write about it? Or even tell about it in rounds? Why is this not “speakable”?
- How do caffeine and nicotine interact? If someone quits smoking, will HED keep him or her from starting again? What’s worse—nicotine or caffeine?
- What has more “extra stuff” in it—cigarettes or HED?
- Is there no research on nicotine and/or caffeine use by patients because both drugs are legal?
- Some beginning answers:
  1. Why are HED dangerous? Because if there is a predisposition for biological/physiological intolerance to caffeine, large amounts ingested quickly can create adverse medical events.
  2. Why are HED more dangerous than drinking coffee? Because coffee is drunk hot, and sipped slowly, whereas HED are drunk cold and ingested quickly.
  3. Are you saying that HED should be banned in hospitals? Probably.
  4. Why aren’t there answers to the questions in the first part of this editorial? Because no studies have been done. Funds for such research are difficult to find.
  5. Who should never drink HED? Very young children, people with familial histories of caffeine intolerance or cardiac predisposition for untoward events, or individuals who become addicted to substances easily.

- Is there no research on nicotine or caffeine, per day, is considered safe? Why doesn’t the U.S. Food and Drug Administration (FDA) regulate nicotine or coffee?
- Some more questions:
  - Was your reaction to this approach positive or negative? Are you motivated to write a letter to the editor? Will you share your thoughts with your colleagues, family, and friends? Do you discuss what you read with them?
  - Will you now develop a habit of asking questions? Or is that a wrong assumption? Should I have known that you already were a questioning practitioner? If so, how did you develop this approach?

REFERENCE


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