Letters to the editor

Letters received from readers in response to articles and ideas published in ANS are regularly featured, providing an opportunity for constructive critique, discussion, disagreements, and comment intended to stimulate the development of nursing science. Unless otherwise stated, we assume that letters addressed to the editor are intended for publication with your name and affiliation. As many letters as possible are published. When space is limited and we cannot publish all letters received, we select letters reflecting the range of opinions and ideas received. If a letter merits a response from an ANS author or Open Forum participant, we will obtain a reply and publish both letters.

To the editor:

Definition of health is one of the major factors in development of a nursing paradigm. For this reason, I must address a major assumption inherent in Dr. Smith's article, "The Idea of Health: A Philosophical Inquiry," in ANS (3:3), the assumption being that a nursing model of health will necessarily incorporate modern medicine's clinical model of health. Specifically, Smith presents the clinical model as fundamental to her other three models of health and as explicative of the minimal requirements of health. She acknowledges "the progressively inclusive character" of the four concepts of health and states that "to be healthy one has to at least meet the standards of the clinical model."[p47]

This approach to developing a nursing model of health severely limits the way in which health can be defined and promoted. The professional, social, and intrapersonal implications of a model of health which has its roots in a clinical model are significant; for example, disability, genetic defects, or emotional trauma do not necessarily subjugate an individual to a narrower perspective of health implied under the medical clinical model. These conditions may, in fact, contribute to development of "well-being and self-realization," the eudaemonistic definition of health. Indeed, the clinical model of health is an inappropriate base, however minimal, upon which to build a nursing model of health.

Rather than conceptualize the construction of a nursing model of health as an additive process which involves "additions to" a fundamental clinical model, it is more congruent with the nursing perspective to conceptualize this as a hierarchical process whereby development of a model of health for nursing entails both dissolutions and integrations of elements of lower level models.[1] Thus, for example, the health criterion regarding absence of medical signs and symptoms may be dissolved and reintegrated in a qualitatively different way at the nursing level's model of health. If nursing truly holds a holistic view of the person, then manifestations of one of the parts (ie, some physical "disability") cannot be employed as fundamental criteria for health or lack of health of the whole person. Conceptualizing nursing's idea of health as discontinuous with the minimal levels of health represented, for example, in the clinical model, rather than as a matter of quantitative "gradations" along a continuum more accurately reflects a holistic view of health consistent with nursing.[2]

I have engaged in this extensive discussion of development of models of health for nursing because I do not agree with Smith's assumption[p48] that the medical clinical standard of health is "significant" and acceptable for adoption in some domains of nursing practice. At one point, Smith does address the qualitative difference between models in her statement, "if a person is considered healthy, even though signs and symptoms of disease are present, then another standard of health is being used."[p47] However, the remainder of her article belies such intent, as has been discussed. Clarification of this inconsistency is needed.

Knowledge about health, as Smith suggests, is not the domain of any one discipline. However, the discipline of nursing necessi-

tates a model of health unencumbered with incongruent definitions of health, and demands not merely a cumulation but a reformulation of earlier models of health in much the same way as application of non-nursing theories necessitates reformulation[3] or as the development of a discipline involves revolutionary thought.[4,5] Hopefully the challenge for development of models of health for nursing will take us far beyond the current practice of first addressing medicine's view whenever a nursing perspective is emerging.

I am grateful for Smith's article. It has stimulated critical thinking for me and likely for others which will contribute to a clearer realization of nursing's idea of health.

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Author's response:

I'll address the two major areas of critical comments in Ms. Pamela Reed's letter regarding "The Idea of Health: A Philosophical Analysis" (ANS 3:3). One area centers on Ms. Reed's belief that the clinical model of health should not be significant for nursing. Yet, historically, nursing has been linked with, not independent from, medicine. When fruitful ideas on the nature of disease were finally utilized in nineteenth-century medicine, nursing became more than informal sympathetic care of the sick. A "medical" role for the nurse evolved, based on organized, systematic education and training. Today, most nursing school curricula show an intensive concern with the concepts inherent in the clinical model: prevention of disease, restoration, maintenance or promotion of health of the body and mind. During our careers, most of us are preoccupied with the care of the sick in hospitals and homes. Like it or not, it is the clinical model which informs much of contemporary nursing education, practice, and research.

If we want to move beyond our current emphasis on the clinical model of health, I've presented three other aims of practice along with an analysis of structure and interrelationships *which does not deny our history or a major aspect of our present professional identity.* Rather it shows that we can move toward roles which would build on those of the traditional nurse and the traditional physician.

It is possible, of course, that we may want to ignore the clinical model in nursing. If so, we should answer the following questions first:

1. What would the nature of nursing be if it ignored the concerns of the clinical model? The answer is not a fundamental concern with health, since within this context, the clinical model is one idea of health.
2. How would disease/illness be reformulated for nursing if the clinical model is ignored?
3. Who would replace the classical nurse whose practice is based on the clinical model?
4. Who wants a nurse ignorant of the concerns of the clinical model?

It seems that Ms. Reed would like a nursing profession which is not in any sense subordinate to the practice of the physician. This situation, however, will not result from a nursing