
From the editor

POLICY FOR HEALTH?

Last summer as I was traveling along the New York Thruway, I saw an advertisement that caught my eye. It appeared on a paper place mat in a family-owned restaurant located in a small rural town. The advertisement was inviting the reader to consider the services of a local chiropractor—"the natural alternative to health." The meaning that this particular grammatical form implied was amusing, but at the same time I recognized a strange twist of logic that was in a sense consistent with the double think surrounding the idea of health in our profit-driven technological age.

We have not reached the stage of blatant propaganda portrayed in Orwell's *1984* that proclaims "disease is health." However, if we critically examine the behavior, the activities, and the facilities offered in our "health care" system, there is very little that happens that is consistent with any nursing definition of health or even with the commonly cited World Health Organization definition of health. If we look at the prevailing health care system, the vast majority of what we see is disease care, disease detection, and disease cure—not health care, health maintenance, or health promotion. At the very best, the concept of health in relation to our delivery system or our social policy can only be defined as the absence of disease.

Having been socialized as we are to avoid calling something what it really is, we become quite anxious and defensive at the thought that our health care system is really a disease care system. The notion of health has suffered a drastic reversal of meaning that may no longer be retrievable; perhaps we now must seek an alternative term for the phenomenon with which we in nursing are concerned.* Recognizing this incongruity may provide an important clue to why nursing has not been able to better document, analyze, or substantiate the role we know we fulfill and why we have not been able to substantially influence the

formation of policy in a way that is consistent with our self-defined purpose.

Many have recognized that lack of adequate documentation of our work, the efficacy of our work, and the need for our services is a major drawback in relation to influencing the creation of what is currently called health care policy. We must realize that the difficulties we encounter in generating needed documentation relate to the reversal inherent in the socially prevailing concept of health when it is used as an adjective to describe the system that delivers care and the social policy that reflects the values of the system.

We have tended to point to our lack of research skill, our lack of resources, or some other failing inherent within our own abilities. We do indeed suffer from certain inadequacies of internally and externally derived resources to produce documentation and to influence the political and economic formation of social policy. But before we spend any further energy decrying our failings and encouraging more of whatever we supposedly lack, we must turn our attention to recognition that the nursing definition of health, as a goal, carries a substantive quality that does not fulfill the prevailing system's expectations for profit or for the proliferation of disease-oriented technologies.

In relation to public policy, the critical choice we will make is ultimately a choice of goal. The consumer public has voiced for a long time a general dissatisfaction with the function of the health care system. There is no single public view that expresses exactly what is wrong with the system, but I sense that most of the popular views relate to a realization that the system is not delivering what people might expect if health were truly the commodity being sold. Our choice in nursing is complex, but the choice is at the same time simple—to what extent will we persist in seeking a goal of health as *we* define it? As a discipline, we can choose to grow toward more complete realization of our collective defini-

tion of health. This will result in substantial influence on prevailing social policy and in a shift in the values that underlie that policy.

A complete analysis of health care policy issues in relation to nursing will require empirical evidence, ethical justification, critical integration, and introspection. The contents of this issue of *ANS* contribute to a vision of these developing processes. In order to continue to develop our influence on social policy, we now must call upon our most creative

resources, develop our collective stamina and support to take considerable risks, and nurture a growing alliance with public groups who share our vision.

—Peggy L. Chinn, PhD, FAAN
Editor

*This idea was proposed by Joyce Fitzpatrick at the 1986 gathering of the Nursing Theory Think Tank: I wish to acknowledge the influence of her proposal and the ensuing group discussion in the development of the ideas expressed in this editorial.