From the Editor

HEALTHY PEOPLE BEYOND 2010

At the time this issue is underway, the United States is embroiled in a major process toward "reform" of the healthcare system. The process is acrimonious, with the fundamental conflict being between the interests of corporate profit-making groups and the interests of the people. The fact is that the United States lags far behind other countries in significant measures of overall health, even though it spends more on healthcare than does almost any other country. Part of the tragedy in all of this, to me, is that many other countries in the world look to providers and scholars in the United States for leadership in terms of advances in practice and healthcare knowledge (nursing, medical, dentistry, etc), and yet our system is in shambles. There are many aspects of healthcare in the United States that are indeed noteworthy, and there are many providers and scholars whose leadership makes valuable contributions to health worldwide. But there are many aspects of healthcare in the United States that are not in the best interests of those we serve, yet exert an undue influence worldwide.

One such aspect is the dominance of the medical model of care, one steeped in Western ideologies. While this dominance has long and deep historical roots that extend the world over, the fact that the US system has developed a fully entrenched model of care that is structured around medical dominance is a major factor in sustaining this model worldwide. This model remains firmly entrenched even though it is widely recognized that it is not the best model upon which to build a comprehensive and effective system that promotes the health and well-being of all citizens.

Over the week during which I was contemplating the content of this editorial, I heard thoughtful interviews of 2 well-known physicians who stated in no uncertain terms that the changes that are currently proposed for change in the US system are necessary but fall far short of achieving what is actually needed in healthcare. They each went on to describe what they envision to be actually needed—greater emphasis on real prevention (beyond disease detection), programs of education and support for people who have chronic illness conditions, emphasis and teaching on nutrition and exercise, support for lifestyle and behavioral changes to promote wellness, better access to mental health care, access to wholistic modalities of care, and a more comprehensive approach to care that focuses on the family and the conditions of people's lives. In short, they were describing nursing. But they did not acknowledge, nursing. On the basis of my recent interactions with well-intended physicians who were clueless about nursing, I might even go so far as to speculate that these physicians being interviewed may not even be aware of the fact that these things are at the heart of nursing.

So this leaves me with the question: what do we, as nurses concerned with the development of knowledge contribute? The most basic challenge, I believe, is to continue to make the voice of nursing stronger, louder, better understood, and heard (even among our own colleagues). We do not need to do so from a motive of competition or self-interest. Our primary motive should be, and must be, a conviction that what we offer is exactly what the majority of people need the most from healthcare, regardless of where on the globe they reside. There are countries and systems that place far more emphasis on the kinds of care that nurses provide than can be found in the United States. It is time to make these systems more visible and to bring together the best ideas and act on them, so that healthcare worldwide becomes just that . . . HEALTH care. As nurses, we can do that, and we must.

—Peggy L. Chinn, PhD, RN, FAAN
Editor