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NOTES FOR SPEECH

"SPOTLIGHT ON NURSING -- THE YEAR 2000"

TO

MANITOBA ASSOCIATION OF REGISTERED NURSES

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BY

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SPOTLIGHT ON NURSING -- THE YEAR 2000

AT THIS VERY MOMENT, MEMBERS OF THE MANITOBA REGISTERED NURSES ASSOCIATION CONVENED FOR THIS ANNUAL MEETING, JOIN WITH REPRESENTATIVES OF OVER 150 MEMBER STATES OF THE WORLD HEALTH ORGANIZATION (WHO) IN LOOKING AT THE YEAR 2000. TODAY IN GENEVA, THE REPRESENTATIVES OF GOVERNMENTS OF THE WORLD ARE DECLARING THE NATIONAL PROGRAM THEY HAVE DEVELOPED TO MEET THE TARGET OF WHO WHICH IS "HEALTH FOR ALL BY THE YEAR 2000". AS WE TURN THE SPOTLIGHT ON NURSING IN MANITOBA, CANADA, AND THE WORLD FOR THE YEAR 2000. WHAT DO WE SEE AROUND US? WHAT IS IT LIKE LIVING IN 2000 AD? WHAT IS THE WORLD LIKE? WHAT IS NURSING LIKE? WHO ARE THE HEALTH AND SICKNESS PROVIDERS? I SEE 20 YEARS AHEAD FROM NOW (1980) AS I SAW 20 YEARS AHEAD WHEN I DELIVERED THE REPORT OF THE "PILOT PROJECT" IN 1960. I WILL NOT ELABORATE ON THE CLARITY OF MY VISION.

BEFORE I PROCEED ANY FURTHER, I SHOULD LET YOU KNOW THAT I WAS GIVEN GREAT FREEDOM IN WHAT I COULD PRESENT. I WAS GIVEN "FREE REIGN TO CRYSTAL-BALL GAZE AND SHARE MY OPINIONS AND PREDICTIONS OF THE ISSUES AND CONCERNS NURSES WILL BE DEALING WITH IN THE YEAR 2000". WHAT A GOLDEN OPPORTUNITY TO RUN AMOK WITH ALL MY CRACKPOT IDEAS IN THIS INTELLIGENT SOPHISTICATED AUDIENCE. THERE IS LITTLE YOU CAN DO NOW TO STOP ME. IF YOU SHOULD CHALLENGE MY PREDICTIONS I CAN ONLY SAY THAT MY CRYSTAL BALL IS PROBABLY AS GOOD AS YOURS AND, AT THIS MOMENT, I HAVE THE MICROPHONE. IN ANY EVENT, YOU WILL HAVE AN OPPORTUNITY TO HEAR MY CRYSTAL BALL SHATTER -- PIECE BY PIECE -- WHEN MY COLLEAGUES ON THE PANEL HAVE THEIR DAY IN COURT AFTER MY PRESENTATION. I HOPE YOU WILL ENJOY LISTENING AS MUCH AS I ENJOYED PREPARING THIS SPEECH.

THE ISSUES AND CONCERNS OF PROFESSIONAL NURSES IN THE YEAR 2000 WILL DEPEND ALMOST ENTIRELY ON THE SOCIAL MILIEU OF THAT YEAR. NURSING IS PRACTICED IN A SOCIETY AND ONCE WE HAVE A CLEAR PICTURE OF THAT SOCIETY, WE CAN IDENTIFY THE ISSUES AND CONCERNS OF NURSES AT THAT TIME.

TWENTY YEARS AGO, IN 1960, WHEN THE REPORT OF THE PILOT PROJECT ON THE EVALUATION OF SCHOOLS OF NURSING WAS PRESENTED TO THE CNA CONVENTION IN HALIFAX, THE WORLD WAS QUITE A DIFFERENT PLACE AND MOVED AT A DIFFERENT PACE. SO DID NURSING. BUT IT DID MOVE. TO MANY OF US, DESPITE THE OVERWHELMING EVIDENCE IN THE PILOT PROJECT, IT SEEMED THAT HOSPITAL SCHOOLS FOR NURSING EDUCATION WERE ENTRENCHED FOREVER. BUT AS EARLY AS 1966, LEGISLATION WAS PROCLAIMED IN SASKATCHEWAN THAT PLACED THE ENTIRE EDUCATION OF NURSES WITHIN THE GENERAL EDUCATION SYSTEM -- THEN PROVINCES OF QUEBEC AND ONTARIO FOLLOWED. IN ALL THE WESTERN PROVINCES THIS IS NOW BECOMING A REALITY. THOSE WERE TURBULENT TIMES -- AS WAS THE DECADE OF THE 60's IN ALL SOCIETIES.

THROUGHOUT THE 70's, NURSING, LIKE THE REST OF SOCIETY, WAS INTROSPECTIVE, SELF-INVOLVED, STRUGGLING WITH A SENSE OF FITNESS. IN OUR CASE, THE FITNESS WE'VE BEEN WORKING TO ACHIEVE HAS BEEN THE FITNESS TO FUNCTION PROFESSIONALLY AND ACCOUNTABLY, AUTONOMOUSLY AND COLLABORATIVELY, SKILLFULLY AND COMPASSIONATELY.

MOVING INTO THE 80's, NURSING BECAME CONSCIOUS OF ITS ROLE AS A CARING PROFESSION. THIS HAS BEEN EMBODIED IN THE CNA CODE OF ETHICS PREPARED FOR CNA BY SISTER SIMONE ROACH. THIS CODE HAS RECEIVED CANADIAN AND

INFACT WORLD WIDE ATTENTION. TODAY WE WILL HEAR FROM SISTER ROACH IN PERSON.

TOWARD AND INTO THE 80's THE WORLD BEGAN "THINKING GLOBALLY" SERIOUSLY -- BOTH PRESENT AND FUTURE. IN JULY, IN TORONTO, THE FIRST GLOBAL CONFERENCE ON THE FUTURE WILL BE HELD. DURING THE PAST DECADE (70's) THE WORLD DECIDED TO EXAMINE WHAT THE WORLD WAS ALL ABOUT -- IN TERMS OF PEOPLE -- IN TERMS OF CARING ABOUT THE PEOPLE OF THE WORLD.

BRIEFLY, IN 1972, STOCKHOLM WAS THE SITE FOR THE INTERNATIONAL CONFERENCE ON HUMAN ENVIRONMENT; IN 1973, ROME HOSTED THE WORLD CONFERENCE ON FOOD; IN 1974, THE WORLD WENT TO BUCHAREST TO DISCUSS THE WORLD'S POPULATION; IN 1975, MEXICO BROUGHT TOGETHER A PAN-WORLD CONFERENCE ON THE STATUS OF WOMEN; (ALSO THAT YEAR THE UNITED NATIONS FOCUSED ON THE NEW INTERNATIONAL ECONOMIC ORDERS); IN 1976, IN VANCOUVER IT WAS HUMAN SETTLEMENTS (HABITAT); IN 1977, IN BUENOS AIRES IT WAS PURE WATER; (ALSO THAT YEAR THE WORLD HEALTH ASSEMBLY PASSED A RESOLUTION THAT COMMITTED THE 150 MEMBER COUNTRIES TO "HEALTH FOR ALL THE PEOPLE OF THE WORLD BY THE YEAR 2000"); IN 1978, IN ALMA ATA THE WORLD MET TO DISCUSS THE IMPLEMENTATION OF PRIMARY HEALTH CARE FOR ALL THE PEOPLE THROUGHOUT THE WORLD. 1979 WAS THE INTERNATIONAL YEAR OF THE CHILD AND IN THE FUTURE, THE WORLD WILL MEET IN VARIOUS PARTS OF THE GLOBE TO LOOK AT REHABILITATION, THE HANDICAPPED THE DISABLED AND THE ELDERLY. IN 1980, (THIS YEAR) IN WINNIPEG, THERE WILL BE AN INTERNATIONAL CONFERENCE ON THE DISABLED. 1981 WILL BE YEAR OF THE DISABLED. SO, WE MAY CONCLUDE THAT THE WORLD IS CARING ABOUT SOME OF THE GLOBAL ISSUES. MOST TIMES THE WHOLE WORLD OF ISSUES SEEMS TOO MUCH TO

GRASP. BUT FOR ALL OF US THERE ARE COGENT REASONS WHY WE MUST CONCENTRATE ON THE ONE OVERRIDING MAJOR RESOLUTION OF THE WORLD HEALTH ORGANIZATION (WHO) -- MOTIVATED BY PEOPLE CARING ABOUT PEOPLE -- REQUIRING CREATIVE THINKING AND CREATIVE WAYS OF MEETING THE HEALTH PROBLEMS OF ALL THE PEOPLE OF THE WORLD. THE RESOLUTION IS, IN ESSENCE,

"... THAT THE MAIN SOCIAL TARGET OF ALL GOVERNMENTS OF THE WORLD, AND WHO, IN THE COMING DECADE SHOULD BE THE ATTAINMENT, BY ALL CITIZENS OF THE WORLD, BY THE YEAR 2000, OF A LEVEL OF HEALTH THAT WILL PERMIT THEM TO LEAD A SOCIALLY AND ECONOMICALLY PRODUCTIVE LIFE".

THUS THE THEME OF WHO AND ONE TO WHICH WE ALL MUST BE COMMITTED IS: "HEALTH FOR ALL BY THE YEAR 2000".

THE PRINCIPLE BEHIND IT IS CLEARLY A DEMAND FOR INTERNATIONAL SOCIAL JUSTICE AND IT CANNOT BE IGNORED. THERE IS A GROWING DEMAND -- ESPECIALLY IN THE THIRD WORLD -- FOR SOUND JUSTICE. A PHENOMENON OF THE 1970's WAS THE UNITY THE THIRD WORLD EXPRESSED IN ITS DEMAND FOR A CLOSING OF THE GAP BETWEEN THE RICH AND POOR COUNTRIES OF THE WORLD (Note recent international experiences in Cyprus and Cairo). WITH THE BALANCE OF POWER IN THE THIRD WORLD COURT IN THE UNITED NATIONS, THE DEVELOPING COUNTRIES SUCCEEDED, IN 1975, IN HAVING ADOPTED A DECLARATION OF A NEW INTERNATIONAL ECONOMICS ORDER DIRECTED AT A COMPLETE RESTRUCTURING OF THE WORLD ECONOMIC SYSTEM. IT HAS A MAJOR IMPACT ON THE REDIRECTION OF POLICY AND PROGRAM PRIORITY IN WHO, WHICH CALLS UPON THE ORGANIZATION

"... TO INTENSIFY THE INTERNATIONAL EFFORT AIMED AT IMPROVING HEALTH CONDITIONS IN DEVELOPING COUNTRIES BY GIVING PRIORITY TO PREVENTION OF DISEASE AND MALNUTRITION AND BY PROVIDING PRIMARY HEALTH SERVICES TO THE COMMUNITIES -- INCLUDING MATERNAL AND CHILD HEALTH AND FAMILY WELFARE".

EARLY IN 1975, WHO AND UNICEF PRESENTED THEIR FINDINGS OF A JOINT STUDY OF HEALTH CONDITIONS IN DEVELOPING COUNTRIES. THE REPORT, UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY, JOINT STUDY ON ALTERNATIVE APPROACH TO MEETING BASIC HEALTH NEEDS, (1975) IS BOTH DEVASTATING AND ENCOURAGING -- DEVASTATING IN ITS ACCOUNT OF STAGGERING HEALTH PROBLEMS BUT ENCOURAGING IN THE DESCRIPTION OF THIRD WORLD COUNTRIES THAT HAVE SUCCESSFULLY IMPLEMENTED CREATIVE NEW WAYS OF MEETING STAGGERING PROBLEMS. THESE PROBLEMS STEM FROM THE FOLLOWING UNMET BASIC NEEDS DOCUMENTED IN SEVERAL RECENT PUBLICATIONS.

- LESS THAN HALF THE WORLD'S POPULATION HAS ACCESS TO EVEN THE SIMPLEST FORM OF HEALTH CARE
- PRESENT HEALTH FACILITIES OF GOVERNMENT AND INTERNATIONAL BODIES NOW REACH LESS THAN 20% OF THE THIRD WORLD POPULATION
- THE PEOPLE MOST UNDERSERVED IN HEALTH ARE THE 2000 MILLION RURAL POOR IN THE THIRD WORLD.

THESE AND OTHER FACTS GIVE SOME INDICATION OF THE SIZE AND COMPOSITION OF THE PEOPLE WHO MUST BE REACHED BY THE YEAR 2000. IT WILL TAKE A LOT OF INGENUITY IF "HEALTH FOR ALL BY THE YEAR 2000" IS TO BECOME A REALITY -- AND I BELIEVE THAT NURSES, INTERNATIONALLY, ARE THE MAGIC INGREDIENT REQUIRED TO REACH THIS GOAL. NURSES IN THE YEAR 2000 NEED NOT BE CONCERNED WITH PREVENTABLE DISEASES IN THE THIRD WORLD IF, IN THE NEXT 20 YEARS, NURSES CAN MAKE A LEGITIMATE IMPACT ON HEALTH CARE.

- AT PRESENT THE LEADING CAUSES OF DEATH ARE GASTROENTERITIS, MALNUTRITION AND PNEUMONIA. OF THESE THREE KILLERS, MALNUTRITION IS OF PRIME CONCERN SINCE IT LAYS THE FOUNDATION FOR SO MANY OTHER CONDITIONS.
- 40 - 50 PERCENT OF CHILDREN IN THE THIRD WORLD DIE BEFORE THE AGE OF FIVE YEARS.
- TWO YEARS AGO IN WEST AFRICA, THE INFANT DEATH RATE WAS 208 PER 1000 LIVE BIRTHS. IN CANADA, FOR THE SAME PERIOD, IT WAS 15 PER 1000 LIVE BIRTHS.
- LIFE EXPECTANCY IN WEST AFRICA AT BIRTH WAS 38 YEARS. IN CANADA, FOR THE SAME PERIOD IT WAS 72 YEARS.
- COMMUNICABLE AND PARASITIC DISEASES ARE COMMON CAUSES OF DEATH, PARTICULARLY AMONG CHILDREN UNDER FIVE, AND DIARRHEA IS A COMMON PRESENCE. IT IS STATED THAT AT ANY GIVEN TIME ONE THIRD OF ALL CHILDREN IN THESE SOCIETIES SUFFER FROM DIARRHEA.

THE COMMON THREAD IN THESE FACTS IS THAT THEY ARE BOTH PREVENTABLE AND CURABLE. THEY ARE, HOWEVER, ONLY PART OF THE PICTURE. THERE ARE OTHER DISEASES WHICH ARE PREVENTABLE BUT NOT CURABLE. VITAMIN A DEFICIENCY, FOR EXAMPLE, IS SAID TO CAUSE BLINDNESS IN 100,000 CHILDREN EVERY YEAR AND TRACHOMA FOLLOWS THE SAME PATH. THE BURDEN OF DISEASE AND DEATH FALLS HEAVILY UPON CHILDREN IN THESE PATTERNS.

THE CONTROL OF SUCH DISEASES DOES NOT REST WITH THE HEALTH SECTOR ALONE SINCE THE UNDERLYING CAUSES ARE DEEPLY ROOTED IN POVERTY AND UNDER-DEVELOPMENT. THE CORRECTION OF THESE FUNDAMENTAL PROBLEMS WILL REQUIRE THE MOST AGGRESSIVE MULTISECTORAL ATTACK NATIONALLY AND INTERNATIONALLY.

WITH THIS IN MIND LET US REFLECT ON THE CONCLUSION OF DR. THOMAS McKEOWN (U.K.) WHO EVALUATED THE EFFECTS OF SEVERAL INFLUENCES ON THE HEALTH LEVEL. HE WROTE: "PAST IMPROVEMENTS HAVE BEEN DUE MAINLY TO MODIFICATION OF BEHAVIOURS AND CHANGES IN THE ENVIRONMENT AND IT IS TO THESE INFLUENCES THAT WE MUST LOOK, PARTICULARLY FOR FURTHER ADVANCES."

IN CANADA AND OTHER DEVELOPED COUNTRIES WE HAVE PROBLEMS TOO. THE PROBLEMS OF AFFLUENCY -- THE DISEASES OF CHOICE, THE SELF-IMPOSED DISEASES. THESE WILL BE THE MAJOR PROBLEMS FOR NURSES IN THE YEAR 2000, WHO WILL BE ON THE FRONT LINE OF HEALTH CARE. IN THE 1980's PEOPLE SEEKING ASSISTANCE WENT DIRECTLY TO A DENTIST, A PODIATRIST, A CLINICAL PSYCHOLOGIST AND SO FORTH. BEFORE THE YEAR 2000, THEY WILL BE ABLE TO GO TO A NURSE

IN A COMMUNITY SETTING -- AS THEY DO IN SOME OF YOUR REMOTE AREAS. THE NURSE WILL BE THE PRIMARY OR FIRST CONTACT HEALTH PROFESSIONAL IN THE COMMUNITY. HERE SHE WILL USE HER PROFESSIONAL SKILLS IN ASSISTING THOSE REQUIRING CARE, CURE OR COUNSELLING. SHE WILL ALSO ASSESS A PERSON AND/OR FAMILY SITUATION AND, IF REQUIRED, MAKE A REFERRAL TO THE APPROPRIATE "SPECIALIST".

BUT WE HAVE TO TAKE GIANT STRIDES IF NURSES IN 2000 AD ARE TO REALIZE THEIR POTENTIAL. TODAY IN THIS AFFLUENT COUNTRY OF CANADA, SO FEW NURSES ARE EMPLOYED IN OTHER THAN ILLNESS SETTINGS. THEY HAVE LITTLE OPPORTUNITY TO COUNSEL HEALTHY PEOPLE. IN CANADA, ONLY ABOUT FIFTEEN PERCENT OF THE ACTUAL HEALTH CARE PROBLEMS ARE THOSE RELATED TO CURE, WHILE ABOUT EIGHTY-FIVE PERCENT OF THE DIFFICULTIES HAVE A DIRECT INFLUENCE ON HEALTHY INDIVIDUALS EVEN THOUGH THEY ARE OUTSIDE THE ILLNESS-CURE SETTING.

WITHOUT REFERENCE TO THE LOCATION OF ALL HEALTH PROFESSIONAL WORKERS, I MUST NOTE THAT IN THE 1980's OVER EIGHTY PERCENT OF OUR REGISTERED NURSES IN CANADA WERE EMPLOYED IN HOSPITALS WHERE THEY DO NOT HAVE THE OPPORTUNITY TO ALTER THE COURSE OF EVENTS THAT BROUGHT THE PATIENT TO THE HOSPITAL. ONLY ABOUT NINE PERCENT OF REGISTERED NURSES IN CANADA WERE WORKING IN SETTINGS WHERE THE PRIMARY CONCERN WAS NOT ILLNESS. SO OVER EIGHTY PERCENT OF THE NURSE MANPOWER -- OVER 208,000 R.N.'s -- WAS LOCATED IN A SETTING THAT ADDRESSES ITSELF TO ABOUT FIFTEEN PERCENT OF THE ACTUAL HEALTH CARE PROBLEMS. AND TO COMPOUND THIS SITUATION AND, IN SPITE OF THE FEDERAL POLICY PROPOSING IMPLEMENTATION OF A PLAN TO IMPROVE THE QUALITY OF LIFE -- AND PROMOTE HEALTHFUL LIFESTYLES -- CANADA CONTINUED TO SPEND ABOUT 95 CENTS OF EVERY DOLLAR ON ILLNESS CARE.

HOWEVER, I AM OPTIMISTIC. I BELIEVE THAT IN THE "DAWN OF THE NEW MILLENIUM" AS DIRECTOR GENERAL MAHLER CALLS IT -- IN THE YEAR 2000 -- RECORDS WILL SHOW THAT NURSES -- NOT BY THEIR SHEER NUMBERS AND PREPARATION BUT BECAUSE THEY CARED -- WERE THE STRONGEST FORCE IN THE WORLD WIDE REALIZATION OF PRIMARY HEALTH CARE -- THAT MADE "HEALTH FOR ALL THE PEOPLE OF THE WORLD" A TARGET ACHIEVED.

AT THIS POINT IN TIME, I BELIEVE THE NURSING PROFESSION HAS TO ENUNCIATE THE KIND OF FAR REACHING LONG-TERM GOALS WHICH WOULD ENABLE IT TO SHAPE ITS OWN DESTINY. TWENTY YEARS IS A SHORT TIME. WE MUST EXAMINE ISSUES, DEVELOP A PLAN AND MOBILIZE OUR FORCES AS WE HEAD TOWARDS THE YEAR 2000 WITH SOME CLEAR GOALS. SOME ISSUES RELATE TO BASIC EDUCATION -- CONTINUING EDUCATION -- STANDARDS OF PRACTICE -- SPECIALIZATION -- CERTIFICATION -- COMPETENCY TO PRACTICE -- AUTONOMY -- CLOSER INTERDISCIPLINARY COMMUNICATION AND COLLABORATION AND TECHNOLOGICAL DEVELOPMENTS, RESEARCH, ETHICAL AND MORAL ASPECTS. WE NEED TO ARTICULATE THESE IN THE LIGHT OF WHAT IS REALLY NEEDED BY THE CANADIAN PEOPLE.

MODERN MEDICARE OR HEALTH CARE REQUIRES TEAM WORK, THE ABILITY TO EXPERIMENT AND, ABOVE ALL, TO COOPERATE. IT ALSO DEMANDS REORIENTATION IN THE DIRECTION OF THE NEEDS OF THE PATIENT AND THE COMMUNITY AT LARGE. IN THE END, IT IS THE PEOPLE WHO USE THE SYSTEM WHO SHOULD DETERMINE WHAT TYPE OF HEALTH CARE THEY WILL RECEIVE. IT IS UP TO US AS HEALTH PROFESSIONALS TO RECOGNIZE THESE NEEDS AND TO MOVE INTO THE GAP BETWEEN WHAT SHOULD BE AVAILABLE AND WHAT IS OFFERED. THE SHIFT TO FIRST LINE,

PRIMARY CARE AND PREVENTION IS OVERDUE. THE PROFESSIONAL DEVELOPMENT IMPLICIT IN THE ISSUES WILL, OF COURSE, REQUIRE APPROPRIATE LEGAL SANCTIONS. BUT THIS DOES NOT PRESENT A REAL PROBLEM JUSTICE HORACE KREVER -- AN EXPERT IN THIS FIELD -- STATES:

"NO, THE LAW IS NOT AN IMPEDIMENT. IT IS OFTEN BEING USED AS A CONVENIENT EXCUSE BY ULTRA-CAUTIOUS PERSONS WHO STILL ARE NOT SURE THAT THE CREATION OF THE EXPANDED ROLE -- OR NURSES IN PRIMARY CARE IS ENTIRELY DESIRABLE. REMOVE THAT UNCERTAINTY AND THE LAW CAN QUITE READILY BE CHANGED... TO ME THE LAW IS A MEANS -- A MEANS OF FACILITATING SOCIALLY DESIRABLE RELATIONSHIPS ... A FAR MORE IMPORTANT OBSTACLE THAN THE LAW IS TO BE FOUND IN PROFESSIONAL HABITS OF THOUGHT DIRECTLY INFLUENCING PATTERNS OF PRACTICE AND METHODS OF PROVIDING HEALTH CARE..."

WHEN THE RECOMMENDATIONS CONTAINED IN THE CANADIAN NURSES ASSOCIATION'S BRIEF TO THE HEALTH SERVICES REVIEW '79 ARE IMPLEMENTED, MY VISION OF THE NURSE IN THE YEAR 2000 WILL BEGIN TO TAKE SHAPE . AS YOU KNOW, CNA ADVOCATED THE DEVELOPMENT OF A HEALTH CARE SYSTEM THAT WOULD ALLOW THE INITIATION, IN CANADA, OF PROGRAMS TO PROMOTE PRIMARY HEALTH CARE, NEW POINTS OF ENTRY INTO THE SYSTEM, MORE EFFICIENT USE OF ALL QUALIFIED HEALTH PERSONNEL -- WHILE ENSURING THE CONTINUING IMPROVEMENT OF PROGRAMS TO MEET THE NEEDS OF THE ILL. CNA CHALLENGED THE HALL INQUIRY

TO PROVIDE NURSES WITH THE OPPORTUNITY OF MAKING AN IMPACT ON HEALTH  
BY -

1. CHANGING EXISTING LEGISLATION THUS PERMITTING NURSES AND OTHER PREPARED HEALTH PERSONNEL TO ASSUME AN EXPANDED ROLE,
2. REMUNERATING ALL HEALTH PERSONNEL BY SALARY,
3. INITIATING BETTER PREVENTIVE, DIAGNOSTIC AND AMBULATORY CARE PROGRAMS THROUGH VARIOUS COMMUNITY-BASED POINTS OF ENTRY,
4. DEVELOPING CRITERIA TO ENSURE THAT THE UNDERLYING PRINCIPLES OF THE CANADIAN HEALTH INSURANCE SYSTEM ARE BEING UPHELD,
5. ESTABLISHING A HEALTH SCIENCE RESEARCH COUNCIL,
6. REINSTITUTING THE NATIONAL HEALTH SURVEY WHICH WOULD PROVIDE THE NECESSARY INFORMATION UPON WHICH TO BUILD AND EVALUATE A HEALTH CARE SYSTEM TO MEET THE NEEDS OF THE PEOPLE.

THIS CNA DOCUMENT VALIDATES, BEYOND DOUBT, NURSING APPROACHES THAT COULD BE USED TO IMPROVE THE CANADIAN HEALTH SERVICES. BUT HEED OF CNA'S PROPOSAL WAS NOT TAKEN IMMEDIATELY, SO LET US CAST THE "SPOTLIGHT ON NURSING - THE YEAR 2000". WHAT DO WE SEE? IN THE YEAR 2000 A. D., GREAT CHANGES HAVE TAKEN PLACE IN MANY AREAS OF HUMAN ACTIVITY. IN GENERAL, THE WORK DONE, THE METHODS AND TOOLS OF DOING WORK, THE AMOUNT AND THE USE OF LEISURE TIME, THE MATERIALS AND FACILITIES OF THE CREATURE NEEDS OF WARMTH, FOOD, AND SHELTER HAVE UNDERGONE A TREMENDOUS EVOLUTIONARY CHANGE. EDUCATIONAL PROCESSES HAVE BEEN INTENSIFIED

AND THE INTELLECTUAL CAPACITY TO UNDERSTAND AND USE TO BETTER EFFECT THE CHEMICAL, PHYSICAL, AND MATHMETICAL PROPERTIES OF OUR WORLD WILL BE REALIZED. THE PROSPECT IS FOR AN INCREASINGLY BETTER-EDUCATED SOCIETY WHICH, SIGNIFICANTLY, INCLUDES BOTH THE NURSE AND THE PATIENT. FROM THIS ADVANCING KNOWLEDGE WILL EMERGE A PLETHORA OF DEVELOPMENTS WHICH WILL AFFECT THE ENVIRONMENT IN WHICH WE LIVE.

IT IS AXIOMATIC THAT FROM ADVANCING KNOWLEDGE WILL EMERGE FURTHER TECHNOLOGY AND TECHNIQUES FOR DOING WORK FASTER, MORE EASILY, AND MORE EFFECTIVELY. THIS WILL INFLUENCE THE SIZE AND LOCATION OF INDUSTRIAL COMPLEXES. THE INDUSTRIAL COMPLEX WILL, IN TURN, DETERMINE THE LOCATION AND NATURE OF THE SOCIAL STRUCTURE AND THE ENVIRONMENT OF THE SEGMENTS OF SOCIETY WHICH DRAW THEIR ECONOMIC SUPPORT FROM THIS SOURCE. IN PRINCIPLE, THE BY-PRODUCTS OF ADVANCING TECHNICAL KNOWLEDGE WOULD BE MORE LEISURE, FASTER AND FARTHER-RANGING TRANSPORTATION, AND BETTER FOOD AND MATERIALS FOR USE BY SOCIETY.

SINCE THE POPULATION IS INCREASING, AND LAND CONVENIENTLY CLOSE TO INDUSTRIAL CENTRES IS NOT, IT IS DIFFICULT TO ESCAPE THE CONCLUSION THAT LARGE SEGMENTS OF THE POPULATION WILL LIVE, TO AN INCREASING EXTENT, IN HIGH-DENSITY POPULATION AREAS WHERE AN EFFORT WILL BE MADE TO PROVIDE THE NECESSITIES FOR LEISURE AS WELL AS CONVENIENT OPPORTUNITIES FOR PRODUCTIVE EMPLOYMENT. THIS TREND, WHICH APPEARS IRREVERSIBLE, WILL AFFECT THE ENVIRONMENT IN WHICH MOST MEMBERS OF THE HEALTH TEAM WILL OPERATE.

IN MEDICAL SCIENCE WITHIN THE NEXT TWO DECADES - UP TO THE YEAR 2000 - THERE WILL BE SPECTACULAR ADVANCES. MANY OF THESE WILL REQUIRE NURSES TO HAVE MORAL AND ETHICAL GUIDELINES TO FOLLOW. THERE WILL BE MORE AND A GREATER VARIETY OF ORGAN TRANSPLANTS FROM HUMAN DONORS. THE GREATEST STRIDES, HOWEVER, IN REPLACING DAMAGED TISSUE AND ORGANS TO PROLONG LIFE WILL BE MADE IN SYNTHETIC OR ELECTRONIC PROSTHESIS. THERE WILL BE READILY AND UNIVERSALLY AVAILABLE, INEXPENSIVE AND SIMPLIFIED HUMAN FERTILITY CONTROL. FURTHER ADVANCES WILL BE MADE IN COMPUTERIZED INTERPRETATION OF MEDICAL SYMPTOMS, USE OF ELECTRONIC PROSTHESIS (FOR EXAMPLE, RADAR FOR THE BLIND), AND WIDELY ACCEPTED USE OF PERSONALITY-CHANGING DRUGS. THERE WILL BE GENERAL IMMUNIZATION AGAINST PRESENTLY KNOWN VIRAL AND BACTERIAL DISEASES. SMALLPOX DISAPPEARED FROM THE WORLD IN 1979. BY 2000, DISEASES SUCH AS CHOLERA, LEPROSY, TUBERCULOSIS AND CHILDHOOD DISEASES WILL HAVE BEEN ERADICATED.

MECHANIZATION, AUTOMATION, OR BOTH WILL ELIMINATE MORE THAN 50 PERCENT OF THE MANUAL FUNCTIONS NOW PERFORMED IN PRODUCTION WORK, OFFICE WORK, AND SERVICES. AUTOMATIC DECISION-MAKING WILL APPEAR AT MANY LEVELS OF MANAGEMENT. THE USE OF CREDIT, WITH INSTANTANEOUS CREDIT-RATING CHECKS WILL REPLACE MOST CURRENCY TRANSACTIONS. THE PURSUIT OF FURTHER EDUCATION WILL BECOME A RESPECTABLE LEISURE PASTIME FOR EVERYONE THROUGHOUT THE ENTIRE LIFE SPAN.

AS THE TWENTY-FIRST CENTURY BEGINS, THERE WILL BE CHEMICAL REGULATION OF THE AGING PROCESS TO EXTEND THE LIFE SPAN BY 25 TO 50 YEARS, COMPUTER-REGULATED FOOD PRODUCTION ENSURING A MINIMUM INTAKE FOR EACH

PERSON AND ELECTRO-MECHANICAL INTERACTION BETWEEN MAN AND COMPUTER. A PRESENT SOURCE OF CURRENT INFORMATION - NEWSPAPERS AND MAGAZINES - WILL HAVE YIELDED TO THE ADVANCES OF TECHNOLOGY. FIFTY YEARS HENCE, THERE WILL BE EDUCATION THROUGH DIRECT INFORMATION RECORDING ON THE BRAIN, SOME USE OF EXTRA-SENSORY PERCEPTION IN COMMUNICATION, PRIMITIVE CONTROL OF GRAVITY, A LANDING ON MARS, VENUS, OR ONE OF THE MOONS OF JUPITER, AND A FLIGHT AROUND PLUTO.

THESE ARE A FEW OF THE CHANGES WHICH FUTUROLOGISTS PREDICT FOR THE YEARS AHEAD. INEVITABLY, THERE WILL BE A TIME LAG BETWEEN THE DEVELOPMENT OF THESE CAPABILITIES AND THEIR BROAD APPLICATION TO MAJOR SEGMENTS OF NATIONAL AND WORLD POPULATIONS, BUT ALL APPARENTLY ARE FEASIBLE AND WILL EXERCISE AN INFLUENCE ON THE ENVIRONMENT IN WHICH THE NURSE WILL WORK.

WHAT WILL BE THE STATE OF HEALTH OF THE CANADIAN PEOPLE IN 2000? WHAT HEALTH PROBLEMS WILL FACE THE HEALTH PROFESSIONALS? BASED ON PRESENT INFORMATION AND TRENDS, AUTHORITIES INDICATE THAT IS IS NOT UNREASONABLE TO EXPECT, FROM EXTENSIVE RESEARCH NOW BEING UNDERTAKEN, A BREAK-THROUGH IN CANCER, AND THERE ARE PROSPECTS OF CONTROLLING THE GREAT KILLERS OF TODAY (DISEASES OF THE HEART AND BLOOD VESSELS). RESEARCH WILL THROW LIGHT ON THE PROCESS OF AGING SO THAT AT THE BEGINNING OF THE TWENTY-FIRST CENTURY MORE PEOPLE WILL LIVE LONGER. THERE WILL BE LESS PHYSICAL SICKNESS, BIGGER POPULATIONS, AND LESS FOOD. COMPLEX LIVING IN A RAPIDLY CHANGING

TECHNOLOGICAL SOCIETY WILL INCREASE MENTAL ILLNESS AND THE SEVERITY OF ACCIDENTS. THERE WILL BE LARGER CITIES AND LESS GREEN SPACE, AND MEDICAL ADVANCES FAR BEYOND OUR PRESENT CONCEPTIONS.

THERE IS, HOWEVER, ONE AREA IN WHICH IT IS DIFFICULT TO PREDICT ANY DRASTIC CHANGE, THAT IS, HUMAN NATURE ITSELF -- AND IN A LARGE MEASURE THE WORK OF THE NURSE IS INSEPARABLY INVOLVED WITH THE CONSEQUENCES OF HUMAN NATURE. THERE IS STRONG EVIDENCE IN THE SAGA OF THE HUMAN RACE TO SUPPORT THIS CONCLUSION. AT DIFFERENT TIMES AND PLACES IN HISTORY, LARGE SEGMENTS OF THE HUMAN RACE HAVE BEEN SUBJECT TO CATASTROPHIC CHANGES IN CIRCUMSTANCES OF LIFE. THEY HAVE BEEN DECIMATED BY WARS, PLAGUES, FAMINES, AND FLOODS. TIME AND AGAIN, THE SURVIVORS HAVE LOST ALL THEIR MATERIAL POSSESSIONS. BUT, FROM EACH MASSACRE AND MISERY, THE HUMAN BEING HAS EMERGED AS JUST THAT -- A HUMAN BEING WITH ALL THE TRADITIONAL ATTRIBUTES OF HUMAN NATURE INTACT. THERE IS LITTLE EVIDENCE TO SUGGEST THAT ANY CHANGE IN THE MATERIAL ASPECTS OF HUMAN AFFAIRS, HOWEVER REVOLUTIONARY, WILL INDUCE ANY MARKED CHANGE IN THE NATURE OF MAN IN THE NEXT 20 YEARS.

IN THE YEAR 2000, HOMOSAPIENS WILL BE MUCH AS HE IS NOW, A CREATURE OF REASON, WHO IS BORN ONCE, DIES ONCE, AND IN THE INTERVAL BETWEEN BIRTH AND DEATH WILL BE SUBJECT TO MOST, IF NOT ALL, THE CONDITIONS AND MOTIVATIONS THAT HAVE APPLIED TO MAN SINCE HE FIRST WALKED THIS EARTH. HE WILL POSSESS AND EXERCISE THE CAPACITY FOR LOVE AND HATE, FOR FEAR AND COURAGE, FOR GREED AND GENEROSITY. HE WILL BE HAPPY AND

EVIDENCE POINTS TO THE FACT THAT ALTHOUGH MORE KNOWLEDGE AND FACILITIES WILL BE AVAILABLE TO HELP PEOPLE MAINTAIN A STATE OF HEALTH -- THE HUMAN BEING WILL STILL SUFFER FROM INTERRUPTIONS IN NORMAL LIVING.

MANY OF TODAY'S HEALTH PROBLEMS WILL DISAPPEAR BY 2000, AS FAMILIES BECOME MORE RESPONSIBLE FOR THEIR OWN PERSONAL HEALTH THROUGH BETTER HEALTH SUPERVISION AND DISSEMINATION OF HEALTH INFORMATION. PROGRESS WILL HAVE BEEN MADE TOWARD THE RECONCILIATION OF THE GREAT PARADOX OF THE 1960's WHICH ENCOMPASSES AN ENORMOUS GAP BETWEEN SCIENTIFIC KNOWLEDGE AND SKILLS AND THEIR APPLICATION, FOR ORGANIZATIONAL, FINANCIAL, OR OTHER REASONS, TO THE NEEDS OF MAN. THIS GAP WILL NARROW, BUT AS LONG AS KNOWLEDGE CONTINUES TO ADVANCE IT WILL NEVER BE CLOSED.

BY WHOM WILL THE HEALTH SERVICES BE PROVIDED? HISTORY IS HELPFUL HERE. AT THE TURN OF THE TWENTIETH CENTURY, THERE WERE THREE CATEGORIES OF HEALTH PROFESSIONALS - PHYSICIANS, NURSES, AND DENTISTS. SINCE THAT TIME THERE HAS BEEN A PHENOMENAL INCREASE IN THE CATEGORIES OF WORKERS WITHIN THE HEALTH OCCUPATION. THE TREND TOWARD A PROLIFERATION OF WORKERS IN THE HEALTH OCCUPATION WILL PROBABLY CONTINUE. TO AVOID CHAOS AND DISSIPATION OF HEALTH MANPOWER, AS WELL AS COSTLY DUPLICATION OF SERVICES, THE EFFORTS TO DEVELOP A COORDINATED AND EFFICIENT APPROACH IN OFFERING HEALTH SERVICES WILL BE INTENSIFIED.

IN 2000 THE NURSE WILL CONTINUE TO BE THE ESSENTIAL HEALTH PRACTITIONER IN MAINTAINING HEALTH OF INDIVIDUALS AND, WHEN THERE IS AN INTERRUPTION IN HEALTH, IN ASSISTING THE PATIENT'S RETURN TO NORMAL LIVING. ONE IMPACT

OF A CHANGING SOCIETY IN THE PAST 50 YEARS HAS BEEN A REFINEMENT OF THE OLD PROFESSIONS (MEDICINE AND NURSING) ALONG SPECIALIZED LINES, AS WELL AS THE FORMATION OF NEW SOCIAL INSTITUTIONS WITH THEIR OWN PROFESSIONAL SPECIALIST. SOCIAL WORK IS AN EXAMPLE OF THE LATTER DEVELOPMENT. BUT THE ESSENTIAL PROFESSIONALS IN HEALTH CARE WILL BE THE PHYSICIAN AND THE NURSE.

WHERE AND WHEN WILL HEALTH SERVICES BE OFFERED? BASIC HEALTH CARE WILL CONTINUE TO BE PROVIDED BY NURSES TWENTY-FOUR HOURS A DAY. "IN FACT," STATES VIRGINIA HENDERSON, "OF ALL MEDICAL SERVICES, NURSING IS THE ONLY ONE THAT MIGHT BE CALLED CONTINUOUS." "WHERE" IS A MORE COMPLEX QUESTION. IN THE PRESENT PATCHWORK OF ORGANIZATIONAL CONFUSION WITHIN THE HEALTH FIELD, IT IS NOT ALWAYS CLEAR TO WHOM A SICK PERSON SHOULD TURN AS A SOURCE OF PRIMARY CARE, NOR IS IT CLEAR TO WHOM AN INDIVIDUAL SHOULD TURN TO FIND A CONSULTANT OR INTERPRETER TO MAINTAIN HEALTH THROUGH THE BEST THAT CONTEMPORARY MEDICINE HAS TO OFFER. THIS SITUATION WILL, OF NECESSITY, BE CLARIFIED AND STREAMLINED. BY 2000 THE RELATION BETWEEN THE HOSPITAL AND THE HOME WILL BE MORE CLOSELY INTEGRATED, WITH THE NURSE AS THE HEALTH PRACTITIONER MOVING FREELY BETWEEN THE TWO SETTINGS AND PROVIDING A UNIFYING LINK BETWEEN THE TWO.

THE HEALTH-CARE INSTITUTIONS OF 2000 WILL BE HEAVILY CONSUMER-DOMINATED AND WILL BEAR LITTLE RESEMBLANCE TO THOSE OF TODAY. IN THE MAIN, THE CLIENTELE IN THE SECOND HALF OF THE TWENTIETH CENTURY HAVE SOUGHT IMPROVEMENTS IN ACCESSIBILITY TO HEALTH CARE AS OUTLINED IN THE CNA BRIEF TO HEALTH SERVICES REVIEW '79.

A SPECTRE THAT WILL HAUNT NURSING FOR MANY YEARS IS THE DEHUMANIZED ATMOSPHERE TO WHICH ADVANCED TECHNOLOGY IN THESE CENTRES MAY LEAD. THE PERSONNEL WILL WORK WITH HIGHLY TECHNICAL "TOOLS," AND THE CARE OF PATIENTS OR CLIENTS FROM ADMISSION TO DISCHARGE WILL BE COMPLETELY REVOLUTIONIZED BY THE USE OF TIME-SAVING ELECTRONIC EQUIPMENT. NO ONE PREDICTS THAT THERE WILL BE A "WARM COMPUTER" TO PROVIDE EMOTIONAL SUPPORT TO THE FRIGHTENED, CONFUSED, OR "NORMAL" PERSON. IT IS HERE, AS ALL THROUGH THE CENTURIES PAST, THAT NURSES WILL ASSUME RESPONSIBILITY FOR THE PATIENT'S ENVIRONMENT, PROVIDING SUPPORT, COMFORT, AND HIGHLY SKILLED NURSING CARE. THE NURSE WILL STILL MAINTAIN HER UNIQUE, ESSENTIAL FUNCTION, "TO ASSIST THE INDIVIDUAL, SICK OR WELL, IN THE PERFORMANCE OF THOSE ACTIVITIES CONTRIBUTING TO HEALTH OR ITS RECOVERY . . . THAT HE WOULD PERFORM UNAIDED IF HE HAD THE NECESSARY STRENGTH, WILL, AND KNOWLEDGE. AND TO DO THIS IN SUCH A WAY AS TO HELP HIM GAIN INDEPENDENCE AS RAPIDLY AS POSSIBLE." HOWEVER, HER ACTIVITIES WILL CHANGE AS THE COMMUNITY AND ITS HEALTH NEEDS CHANGE.

TO KEEP ABREAST OF ACCUMULATING KNOWLEDGE IN THE NEXT DECADE WILL REQUIRE INCREASING SPECIALIZATION AND LARGER NUMBERS OF SPECIALISTS. THE POPULATION OF CANADA WILL HAVE INCREASED; THE DEMAND FOR HEALTH SERVICES WILL HAVE INCREASED; AND, OF NECESSITY, THE AMOUNT OF WORK FOR THOSE IN THE HEALTH FIELD WILL ALSO HAVE INCREASED. NEW MACHINES BOTH FOR COMMUNICATION AND TREATMENT, WILL BE HIGHLY DEVELOPED. THESE WILL DEMAND NEW ORGANIZATIONAL DEVELOPMENTS WITHIN THE HEALTH FIELD. THERE WILL BE MORE TO KNOW THAN ONE PERSON CAN KNOW. MORE

SKILLS WILL BE REQUIRED THAN ONE PERSON CAN MASTER. IT WILL BE NECESSARY TO PROVIDE HEALTH CARE IN MANY PLACES AT ONCE. THERE CAN ONLY BE ONE TYPE OF SOLUTION FOR THIS SEQUENCE: A MORE CREATIVE DIVISION AND DELEGATION OF RESPONSIBILITY AND INCREASED ACCOUNTABILITY. THIS WILL CHANGE THE ROLE OF ALL HEALTH WORKERS. IT IS INEVITABLE THAT THERE WILL BE DELEGATION OF GREATER RESPONSIBILITY AND GREATER ACCOUNTABILITY TO HIGHLY-EDUCATED NURSES.

NURSING IS AN ESSENTIAL COMPONENT IN ANY HEALTH SERVICE. IT IS AN ART AND A SCIENCE APPLIED TO INDIVIDUALS IN SICKNESS AND HEALTH. THE BODY OF SCIENTIFIC KNOWLEDGE OF NURSING IS GROWING. THE ART HAS BEEN HIGHLY DEVELOPED. NURSING IS A DYNAMIC PROFESSION -- ALWAYS NEW, ALWAYS CHANGING, ALWAYS PROGRESSING, ALWAYS APPLIED FOR HUMAN WELFARE.

NURSING IS CONCERNED WITH HELPING PEOPLE TO CLARIFY THEIR HEALTH GOALS AND, WHEN ILL, TO HELP THEM IDENTIFY THEIR OWN GOALS SO THAT THEY CAN RETURN MORE QUICKLY TO NORMAL LIVING. TO DO THIS, "THE NURSE LISTENS TO THE PATIENT, MAKES SELECTIONS BASED ON HER KNOWLEDGE OF HUMAN BEHAVIORAL SCIENCES AND INVITES THE PATIENT TO EXPLORE THEM." NURSES OF THE FUTURE WILL BE MORE FULLY CONCERNED WITH TOTAL INDIVIDUAL HEALTH CARE. THE PRESENT HIERARCHY OF NURSES IN HEALTH INSTITUTIONS -- HOSPITALS AND HEALTH AGENCIES -- WILL NOT EXIST IN 2000 BUT THE NUMBER AND VARIETY OF PRACTISING NURSES WILL CONTINUE TO RESPOND TO THE NEEDS AND FACILITIES OF DIFFERENT COMMUNITIES.

IN NURSING, THE MEDICAL MODEL OF CURE WILL BE SUPPLANTED BY THE NURSING MODEL OF CARE.

NURSES WILL HAVE BEEN THE LEADERS IN ASSISTING INDIVIDUALS IN PREVENTING THE DISEASES OF CHOICE -- OBESITY, CHRONIC BRONCHITIS, ALCOHOLISM, DRUG ADDICTION, INJURIES FROM ROAD ACCIDENTS, LUNG CANCER, SUICIDE.

BY 2000, THE PROFESSION WILL HAVE DEVOTED ITS MAIN ENERGIES TO PRIORITY GROUPS SUCH AS THE VERY YOUNG, THE VERY OLD, AND THE PHYSICALLY AND MENTALLY HANDICAPPED. BY THEN, NURSES WILL HAVE GRASPED THE OPPORTUNITIES OF THE 1980's TO BE PRACTITIONERS IN THEIR OWN RIGHT AS PRESCRIBERS AND PROVIDERS OF CARE.

IN 2000, IN THE LEADERSHIP POSITION WILL BE THE NURSE PRACTITIONER HAVING THE MOST ADVANCED ACADEMIC PREPARATION, EXPERIENCE, AND WORK RECORD. SHE WILL FUNCTION IN THE HOSPITAL AND COMMUNITY AS A HEALTH CO-ORDINATOR WITH OTHER DISCIPLINES. SHE WILL BE THE FAMILY'S HEALTH PRACTITIONER, RESPONSIBLE FOR THEIR WELL-BEING IN HOME AND HOSPITALS. SHE WILL MOVE FREELY FROM HOME TO HOSPITAL, AND BACK, AS HER SERVICES ARE REQUIRED. HER RELATIONSHIP WITH THE FAMILY GROUP WITHIN HER JURISDICTION WILL BE SUCH THAT THE INDIVIDUAL WILL ALWAYS KNOW WHO "MY NURSE" IS. WORKING WITH THE NURSE HEALTH CO-ORDINATOR WILL BE THREE OTHER TYPES OF NURSES --THE CLINICAL NURSE SPECIALIST, THE NURSE GENERALIST, AND A TECHNICAL ASSISTANT. ALL THESE, EXCEPT THE LATTER, WILL BE PREPARED IN THE UNIVERSITY SETTING.

THE CLINICAL NURSE SPECIALIST WILL RELATE CLOSELY TO THE NURSE CO-ORDINATOR FROM WHOM SHE WILL RECEIVE ASSIGNMENTS. HER ACTIVITIES WILL INCLUDE MAKING INITIAL HOME VISITS FOR OBSERVATION AND ASSESSMENT, DETERMINING WHAT NURSING OR OTHER PROFESSIONAL INTERVENTION IS NEEDED, AND INITIATING HEALTH-TEAM ACTION. SHE WILL MOVE FREELY TO DESIGN, INSTRUCT, AND GIVE CARE FOR HOME OR INSTITUTIONALIZED PATIENTS, AND CARRY THROUGH WITH FOLLOW-UP CARE. IN ADDITION, SHE MAY PARTICIPATE IN ONGOING RESEARCH ACTIVITIES AS WILL THE SENIOR NURSE COORDINATOR.

THE BEGINNING NURSE PRACTITIONER GRADUATING FROM THE UNIVERSITY PROGRAM WILL BE A GENERALIST AND WILL FUNCTION IN BOTH HOME AND COMMUNITY, PREPARING AND CARRYING OUT NURSING CARE. SHE WILL WORK WITH THE CLINICAL NURSE SPECIALIST IN COMPLEX SITUATIONS. SHE, TOO, WILL BE INVOLVED IN NURSING RESEARCH. WORKING WITH HER AND UNDER HER DIRECTION WILL BE A NUMBER OF ASSISTANTS WHO WILL PERFORM DESIGNATED NURSING FUNCTIONS IN THE HOME OR HOSPITALS. THERE WILL ALSO BE A LARGE NUMBER OF VOLUNTEER WORKERS WHO CHOOSE THIS FIELD FOR THEIR INCREASED LEISURE-TIME ACTIVITY. BUT THE SENIOR PROFESSIONAL NURSE WILL BE RESPONSIBLE FOR THE COORDINATION OF ACTIVITIES OF THESE WORKERS TO ACHIEVE THE HEALTH GOALS OF THE PEOPLE. SHE WILL INDEED BE MASTER IN THE "HOUSE OF THE INTERPRETERS."

THE PROFESSIONAL NURSE, THEN, WILL BE THE PRIMARY COMMUNITY CONTACT PERSON FOR FAMILY HEALTH. SHE WILL BE RESPONSIBLE FOR THE SUPERVISION OF HEALTH CARE IN DOMICILES WITHIN THE TOWERING URBAN CENTRES. THESE

MASSIVE SETTLEMENTS WILL PROVIDE RESIDENCE ACCOMMODATION AND EDUCATIONAL, RECREATIONAL, AND EMPLOYMENT FACILITIES. THE BUILDINGS WILL BE CONTAINED IN A CLIMATE-CONTROLLED, POLLUTION-FREE CITY. SIMILAR, BUT LESS SOPHISTICATED COMMUNITIES, WILL BE LOCATED THROUGHOUT THE RURAL AND NORTHERN SECTIONS OF MANITOBA AND CANADA. WHEN REQUIRED, IN REMOTE AREAS, THE NURSE WILL BE ABLE TO TRANSFER PATIENTS REQUIRING HIGHLY SPECIALIZED CARE TO A SPECIALIZED URBAN CENTRE, BY AIR BUSES OR PERHAPS ROCKETS. SHE WILL BE SENDING THEM -- ACCOMPANIED BY A NURSE OR ASSISTANT, AS REQUIRED -- TO THEIR DESTINATION BY COMPUTER PROGRAMMING OF THEIR TRAVEL PLANS.

THE NURSE OF THE NEXT CENTURY WILL BE PREPARED TO USE, EASILY AND INTELLIGENTLY, ALL THE NEW TECHNOLOGICAL ADVANCES. AS THE SUPERVISOR OF FAMILY HEALTH IN THE COMMUNITY OR HOSPITAL, THE NURSE WILL BE THE HEALTH VISITOR. IN HER ROUNDS, SHE WILL BE ASSISTED BY THE NEWEST TECHNOLOGICAL ADVANCES. DURING A HOME VISIT SHE MAY, FOR EXAMPLE, DETECT SOME ABNORMAL SIGNS IN A YOUNG CHILD. SHE WILL PICK UP THE TELEPHONE OR ITS SUCCESSOR AND DESCRIBE TO THE COMPUTER THE SIGNS AND SYMPTOMS SHE HAS OBSERVED. USING THIS INFORMATION, THE COMPUTER MAY THEN TELL HER WHAT TO PRESCRIBE, OR MAY ASK HER FOR MORE INFORMATION TO COMPLETE THE DIAGNOSIS IN RELATION TO RECORDED INFORMATION BEFORE IT WILL OUTLINE THE REQUIRED TREATMENT.

ONLY WHEN THE NURSE HAS DOUBTS ABOUT THE TREATMENT PRESCRIBED OR IS CONFRONTED WITH A MORE COMPLEX MEDICAL SITUATION, WILL SHE CONSULT ONE OF THE BUSY, HIGHLY SPECIALIZED MEDICAL PRACTITIONERS. PROBABLY HE WILL BE LOCATED IN A MODERN HEALTH CENTRE AND WILL TALK WITH THE NURSE BY TELEPHONE, VIEWING THE PATIENT ON THE TELEVISION SCREEN. IN THESE COMPLEX CASES, THE DOCTOR WILL ASK THE COMPUTER TO DISPLAY ON THE TELEVISION SCREEN THE SYMPTOMS AND MEDICAL RECORD OF THE CHILD AS WELL AS THE MEDICAL HISTORY OF THE FAMILY. FROM THIS INFORMATION, HE WILL GIVE THE NURSE A MEDICAL DECISION.

THE NURSE WILL THEN PREPARE A TOTAL PLAN FOR THE CARE OF THE CHILD AND THE FAMILY'S RESPONSIBILITIES, USING THE MEDICAL DECISION AS PART OF THE PLAN. THIS IS BUT ONE OF THE MANY WAYS IN WHICH SHE WILL COMBINE HER NURSING KNOWLEDGE AND SKILLS WITH MODERN TECHNOLOGY TO IMPROVE HEALTH CARE IN THE COMMUNITY. BUT HER ESSENTIAL ROLE WILL NOT BE REPLACED BY NEW TECHNOLOGY. COMPUTERS, TELEVISION SCANNING, MONITORING OF VITAL SIGNS AND SYMPTOMS, AND OTHER TECHNOLOGICAL "HARDWARE" WILL EXTEND HER EYES, EARS, AND INTELLECTUAL CAPACITY. THEY WILL NOT REPLACE, NOR BE USED IN PLACE OF, THE PHYSICAL PRESENCE OF THE NURSE. THEY WILL NOT REPLACE THE REASSURING TOUCH OF THE HANDS OF THE NURSE, HER COMPASSION, HER "COOLING HAND ON THE FEVERED BROW", THE CUDDLING OF A FRIGHTENED CHILD IN A CLINIC, THE TEACHING OF A YOUNG MOTHER IN HER HOME, OR RESEARCH INTO NURSING TO PROVIDE BETTER AND MORE HIGHLY SKILLED NURSING CARE. THEY WILL, ON THE CONTRARY, PROVIDE THE NURSE WITH MORE TIME SO THAT SHE CAN PERFORM THE ESSENTIAL ROLE THAT REQUIRES HER TO BE WITH PEOPLE.