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

paradigm of health that ignores the clinical model. Rather, this will entail a complex reappraisal of the educational foundations, the range of professional practice authorized by law and professional rule, and the role of the nurse in our society and culture.

Ms. Reed's second area of comments focuses on the interrelationships among the four models of health. She views three of the models as "addition to" the clinical model—a "cumulation" rather than a "reformulation" and a "hierarchical process." Ms. Reed is too sweeping in her generalizations about what was written. I've stated that the models "can be viewed as forming a scale—a progressive expansion of the idea of health"[p47] with the eudaemonistic model embracing the concerns of the other three. The term *scale* was used in the article to indicate an advancement, with each concept encompassing the previous one. But the ideas involved in each individual model are so intricate that this scale cannot be viewed as linear. It is rather a progression of scopes/ranges/areas. An explicit representation of this scale still awaits development.

I would welcome further critical comments from Ms. Reed in order to continue the clarification of my ideas.

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