‘CARE’ HAS long been considered central to the discipline of nursing, whereas ‘cure’ is identified with the profession of medicine. This simplistic assumption is currently accepted within the discipline almost without question. Today, as nursing scholars are faced with the difficult task of characterizing nursing knowledge, they must identify core concepts and trace their evolution. Examining concepts that have evolved within the discipline, as they are documented in nursing’s history, philosophy, and ethical codes, will provide valuable insights for delineating the boundaries of nursing knowledge. Looking at the development of concepts from the historical perspective enhances the critical examination of long-held assumptions about the nature of nursing, allowing scholars to investigate and understand the origins of these ideas.

Historical examination of the preprofessional nursing era of women’s work in caring for the sick provides information that challenges the “care versus cure” dichotomy. Over a century ago, Nightingale vehemently questioned the “universal conviction that to give medicine is to be doing something, or rather everything; whilst to give air, warmth, cleanliness etc is to do nothing!” (Nightingale, 1859). My own research related to the history of women’s activities on the Overland Trail during the Great Migration West (1840-1860) shows evidence that also disputes the assumption that “caring” was the primary focus of women’s concerns. In fact, based on some of the findings, it may be argued that women providing care for the sick on the wagon trains traveling West were more interested in “cure” than in “care.” The accounts recorded in women’s diaries, journals, and letters indicate that “cure”, defined as the relief of symptoms and the return to functional status, was the major goal of their-care. There is much evidence that the women attempted cures by using an array of treatments. They dispensed gargles of sage tea, borax, and alum to treat sore throats, used syrups to relieve coughs, and applied mixtures of turpentine and lard to the chest to assuage respiratory congestion. In addition, they medicated boils and snakebites with poultices of herbs, and sought to remedy diaper rash and abrasions with grease. The women administered broths and herb teas not only to those suffering common illnesses, but also to the victims of the cholera epidemic that plagued the United States in 1852. Rather than embodying a romantic ideal of caring, these women worked diligently to cure their sick family members and friends and to return them to their functional roles (Keeling, 1995).

Numerous instances of the integration of care and cure are also visible in the women’s activities related to the sick and wounded soldiers during the Civil War, 1861 to 1865. Remedies at that time were rudimentary, and both medical and nursing treatments were geared toward the relief of symptoms. In fact, because there were few definitive medical treatments, the nursing intervention was exactly the same as the medical intervention. Stimulants such as coffee and brandy were used to revive wounded soldiers suffering from shock, beef tea was given to treat dehydration from dysentery, and wounds were washed and dressed to promote healing. Surgeons did amputate limbs and probe wounds while the women assisted, but the goal for both was to save lives.

Given even these few examples that provide evidence of the early integration of care and cure, one must question why and when the “care versus cure” dichotomy developed. Today, there are often difficulties with the development of a taxonomy of nursing that attempts to describe the full spectrum of the phenomena of nursing. There are also new problems justifying (mostly within the profession) the role of nurse practitioners whose work often deals with treatment that is aimed at cure. These problems may have resulted in part from our attempts to rigidly define the discipline and develop nursing theories. To allow for the full spectrum of nursing practice, we must re-evaluate the decision to limit nursing knowledge. According to Donaldson and Crowley: “The discipline must be continually re-evaluated in terms of societal needs and scientific discoveries. Similarly, the entire structure of the discipline may need to be revamped in time, and this should be done by nurse researchers” (1978, p. 248). These researchers must include historians of nursing who can critically examine the societal and philosophical forces that led to the belief that nursing was about “care” and medicine was about “cure”.

References

