

New Millennium, Old Dilemmas

If you are sitting down to read this, it is probably safe to assume that the transition to the new millennium (at least this year's version) has occurred with only minimal disruption. We are breathing a sigh of relief, or, perhaps, we feel a bit let down after all the buildup. Whichever it is, life and its struggles continue.

On some level, this transition to a new century feels like a fresh start. The last half of the 20th century has provided us with quite a ride technologically. We have come to expect new scientific developments to occur daily. Our lives completely depend on all our gadgets, toys, information streams, and quick fixes, and we look ahead for more of the same. But what baggage are we still dragging with us as we look to the future? What old business is left unfinished? What must we not forget in our haste to embrace what lies ahead? I looked back over a few years worth of editorials printed in this journal—mine, Susan Baird's before me, and the occasional guest editor—to see what was on our minds. Time passes, and we fight a good fight. When we look back, we remind ourselves of just how much farther we still need to go. Of course, there is much to remember, but a few themes consistently were addressed and remain particularly salient as we look to the future and our professional contribution.

Nursing's image has improved, but we still have a few obstacles to overcome. We finally are finding our way to the decision-making table, portrayals in the media are much more positive and strong, and, in the chaos that is health care today, advanced practice nurses, particularly nurse practitioners, are finding a multitude of opportuni-

ties. For all this progress to continue, nurses must focus on leadership development and community activism. Education and preparation are the keys. Our continued resistance to demanding baccalaureate education as a prerequisite to professional nursing remains a weight around our necks as we struggle to advance. Unfortunate decisions in this area, such as one made recently by the Oncology Nursing Certification Corporation to no longer require a baccalaureate degree to take the certification exam, will only impede progress. We have expended a great deal of energy on our public image. It is time to work on our self-image and to stop settling for less.

In this complicated, crowded world of health care, safety for patients and healthcare professionals must be our highest priority. We have come a long way from the days when we mixed chemotherapy ourselves and judged how hard we worked by how much of it was sprayed on our uniforms at the end of the day. Today, the complex nature of the drugs and the drug-delivery systems, the inclusion of computers and computerized systems in the process, and the largely still-unknown long-term effects of many new and old treatment modalities on those who handle and receive them do not allow us to drop our guard. Constant questioning, reviewing of procedures, and interdisciplinary efforts to keep workers safe and ensure that drugs and drug dosages are accurate must remain our highest priorities. The speed at which work evolves, the volume of patients, and the shortage of qualified personnel has increased the likelihood of so-called "sentinel events" to unacceptable levels. We will not be able to avoid them

without having appropriate policies and procedures as well as educated, thoughtful personnel in appropriate numbers to deliver care. Seeing that safeguards are in place is not someone else's responsibility. Each person involved in these endeavors must be satisfied that his or her work environment ensures the safe delivery of all types of care.

We are all in this together. One of the lasting expressions of the late 20th century undoubtedly will be "I get by with a little help from my friends." Our ability to thrive as a profession will depend on high levels of professional nurturing, leadership development, taking time to care for ourselves, and recognizing our limits and needs. These activities happen formally and informally in so many ways—face-to-face interactions, presentations at real and virtual meetings, and (shameless plug!) writing for publication in journals and books. Our willingness to take the initiative to share with each other and contribute to our mutual development will be even more critical in coming years than it has been to date. Our avenues for communicating only will become more diverse and creative. We need to commit ourselves to using and supporting them to their full potential.

In the years ahead, look for this journal to continue other discussions on familiar topics, such as tobacco control, assisted suicide, healthcare reform, health policy decisions, and so on. Look for us also to find other ways to provide information, enlighten others, and renew ourselves. Unfortunately, the new millennium will not eliminate all of our old dilemmas. With a bit of luck, however, we might just solve them. 