

Caring for Strangers: The Challenge for Health Policy

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As I step down as editor in chief of the NCMJ, I wanted to take a little time to reflect on the goals of such a journal and to assess how well we were meeting those goals. Our primary goals have always been to help North Carolinians be as healthy as they can be and to assist those professionals and lay people whose job it is to take care of others. The NCMJ is intended to help the broadest possible audience understand some of the most complex aspects of the human condition, as well as the most complicated interactions between people, health, and health care.

Taking care of others, call it meeting the “needs of strangers,” is a very human response to illness and injury but also a choice that becomes political when we bring our collective resources to the task. The *Needs of Strangers* is the title of a book by Michael Ignatieff, a philosopher and failed politician. Ignatieff wrote of how the measure of a society could be taken by observing how it cared for strangers, those people we don’t know but with whom we share the bond of citizenship or common residency in our nation, state, or community. We care for strangers in many ways, for example, by using tax money to provide clean water or to support health insurance systems like Medicare or Medicaid. We, perhaps unknowingly, pay for the care of strangers in private insurance systems, as uncompensated care is paid for with private payments.

This care of strangers is often done grudgingly and within a system that reminds the recipient that they are lucky to enjoy this attention. “Public assistance,” for example, has become a synonym for dependency and weakness in our public discourse. At times, however, we rise to the challenge of seeing others not as strangers but as fellow citizens, deserving a chance to succeed in life because we see the value of their contributions to society. Their worth to the economy is also a justification. In either view, we all benefit.

These strangers, as the NCMJ has pointed out over the years, can draw on this shared responsibility for many problems and needs: physical, mental, behavioral, and environmental. To capture this panoply of problems, we’ve taken the approach of producing theme issues of the NCMJ, with each focusing on a single set of problems or solutions. To that end, we have tried to bring the reader closer to the strangers in our midst by focusing on those topics where there are recognizable problems and feasible solutions. That focus has been both a strength and a weakness of the NCMJ. Focus gives strength because there are usually clear problems to

describe and equally clear links to the solutions—the policies that can help eliminate the problems are often obvious. For example, children need more dental care and attention to oral health; changing the rules about who cares for children’s teeth can help change that.

But children’s oral health lives within a very large world of other competing problems, and the people who can care for those specific problems often have alternative pathways for their professional lives and competing pressures to satisfy their desires to care for others. For example, the money that is needed to expand access to oral care competes with the needs of those with diabetes, newborns who need screening, and the obligation to clean our wastewater. The competition for funding, attention, and efforts of skilled professionals in the broad field of health is immense, but the consideration we give to strangers also includes giving them roads to travel on, schools to learn in, and protection from harms and misadventure.

In the policy arena, this kind of broad view is indeed the challenge of the elected officials and those who work for them. Legislators and public servants have to balance all these public needs—more often presented as demands—but they do so without a very clear idea of what the overall goal is. To say we want a healthy society and a healthy economy immediately presents a contrast between the two. To place one before the other reveals a choice driven by values and beliefs. To further divide the set goal, say, to give priority to children or to seniors, again, reveals difficult and value-laden choices. Unfortunately, we must make these choices from time to time, as we live in a specialized and focused world.

Were the NCMJ to completely fulfill its mission, it would help us understand this entire system of interactions and dependencies that make society work, for better or for worse. That’s a very hard task, but one I feel we must at least recognize if not try to address in concrete terms. We really must ask ourselves: what is the kind of healthy life we want to give ourselves as well as provide for strangers? We may change our priorities a bit if we were to think and ask this.

I hope that future authors for the NCMJ will extend their view to these broader implications of their often tightly-focused work. I would also like to see our academic institutions in health and health care take up this conceptually global challenge to help them generate citizens as well as professionals.

To many strangers with whom we share space in North Carolina, we are all equally strangers. We do not know their individual conditions of life, but we know they die more often than they should of illnesses that are preventable and treatable and they suffer pain that can be relieved. We know they can change that for themselves if we give them the means to do so, and we know others can heal, care, and assist if they are allowed to do so. The NCMJ will hopefully assist in mak-

ing that happen for you, the stranger, by providing you with thought-provoking research and opinions from health care leaders across the state. I contend we can do that better if we think about the full conditions of life and use the broadest interpretation of health to guide us. NCMJ

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