CHRONIC ILLNESS REMAINED for a long period an unexplored territory, and those who attempted to explore it had to overcome both basic ignorance of its nature as well as lack of skills to deal with the problems it presented. A more subtle obstruction to action, however, was the refusal—intentional or unintentional—by society to recognize the very existence of a problem and consequently of the need to do anything about it. The cliché that "what we don't know doesn't concern us" served as justification for inaction and contentment with the status quo. The medical profession contributed to the neglect of this group of sick people by its continued emphasis on the needs of the acutely ill.

This neglect persisted until the civilized world progressed beyond the point where an entire group could be ignored and treated negatively, if at all. At first the provisions for the care of the chronically ill were determined primarily by society's emotional reaction to a group of people whom they saw as old, crippled, dependent, incurable, and indigent. In its desire to remove itself from the emotional impact this created, society made provision for "these people" to be put in "special" facilities where presumably they could receive "special" care.

The persistent concern of interested individuals began to be felt, although slowly. At first, the approach to the problem and the programs to deal with it were segmented on the basis of diagnostic categories, age levels, and socioeconomic conditions. It was only as knowledge accumulated and a better understanding of chronic illness was developed that it
became recognized that the multifaceted problems which these patients presented required an integrated, multidiscipline approach. At the same time, it became apparent that the understanding of the past as it affected the presenting disability was essential to insure effective treatment. This understanding led to the recognition that a continuum of care must be developed from acute illness through all phases of extended care, including rehabilitation as a means of treatment of the end result of chronic disability. In this process, it was felt, not only the patient himself, but the family, the community, and the professional personnel required skilled help.

There still remain largely uncharted regions of research and education waiting for discovery by the investigator and academician to become mutually involved as explorers with the clinician.

When knowledge and wisdom are developed, progress will be immobilized without those who have the capacity to transmit not only the revelations of history and current understanding, but also the philosophic stimulus to guarantee continued generations of explorers. The author has the curiosity to learn, the capacity to integrate the composite picture, the drive to persist, and most important of all—the generosity to share by teaching with those who become her heirs.

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