Humanising Healthcare

Patterns of Hope for a System under Strain

Dr Margaret Hannah

Introduction
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“Humankind has managed to get people to the moon, created devices which connect us with others anywhere in the world, and made 640 tonnes of metal fly through the air, so why can’t we find a sustainable model for healthcare?”

Anoop Maini, The Guardian, 12 August 2013

Healthcare systems across the developed world are under strain. Whether their funding is public, private or hybrid, they all face a potentially crippling combination of insatiable demand and rising costs of supply.

There has for a long time been a touching faith, not supported by the evidence, that some combination of smart reorganisation, financial innovation to shift costs and incentives, rigorously disciplined efficiency plus better health education for the public will be enough to see us through. That confidence is now beginning to crack – not least as recent attempts to ratchet down costs in the wake of the financial crisis have offered only temporary relief and healthcare spending across the OECD countries starts to rise again.

This should come as no surprise. A survey in 2005 by Healthcast 2020, PricewaterhouseCoopers’ health research institute, revealed that most healthcare executives in the developed world expected healthcare costs to increase to 2020 at a higher rate than in the past. That was a reflection based on the experience of their professional lives, and of my own. Yet the same report, in a later chapter on ‘The Unsustainability of Global Health Systems’, acknowledged the truth that these trends cannot possibly continue indefinitely.

Similarly in my own organisation, the UK National Health Service, there is a growing sense of urgency about the need for radical change in order to keep the system going. Seventy percent
of NHS leaders recently surveyed are not confident we can do so with the limited playbook of healthcare reform options we have been drawing on for decades.

I share that view — which is why I wrote this book. It falls into three parts: a deep diagnosis of the problem, a review of the inadequacy of the current menu of technical remedies, and a final section offering the foundations for a more hopeful approach that draws on the underlying strengths of both professionals and patients.

The first part of this book explores why healthcare costs in the modern world have become an ever-increasing proportion of economic activity. This is not the result of poor policy or failures of efficiency (even if both can be improved). It is a consequence rather of an underlying and largely invisible set of beliefs which underpin the structures and behaviours of modern healthcare.

For over two centuries medicine has drawn from and contributed to a mechanistic worldview that has tended to see the body as a machine and medicine as an episodic service of fix and repair. This has been very successful in many different ways, but it has also fed a distinctive pattern of growth based on technical capacity. Can’t we make the machine go faster? Make it more efficient? Enhance it to make it last forever? As former President of the Royal College of General Practitioners, Iona Heath, puts it, medicine is being pressed to provide “technical solutions to existential problems”.

Healthcare systems built on this view of the world have struggled to adapt and respond to today’s changing patterns of disease. Patients treated in hospital today are much older than their counterparts even a generation ago, they have chronic diseases, they are more in need of care than cure and often lack close family and friends to help them recover at home. We are also confronted by the rise in conditions that are more obviously the result of complex social factors rather than simply the physiology of the individual. Obesity, addiction and inequalities in health have been on the rise since the early 1980s. For the
first time ever in peacetime we are now facing the prospect of a generation of parents outliving their children.

Meanwhile the healthcare systems we designed for another age are everywhere subject to ‘healthcare inflation’. Part of this is driven by medical technology. As techniques expand, experience with them deepens and their safety is more assured, they become available for more people. It is not uncommon for frail 90-year-olds to have hip replacement surgery, for example. At the same time commercial interests encourage greater use of certain drugs, diagnostics and products. Doctors alter the thresholds for prescribing drugs on the basis of research funded for the most part by drug companies. In the UK general practitioners are subject to a contract which includes financial incentives for prescribing certain drugs and offering specific screening tests. Despite our best efforts to contain it, healthcare inflation now seems locked into the present system.

The second part of the book reviews the range of responses we have developed to date to tackle this problematic combination of decreasing effectiveness in the face of new patterns of disease and continuing cost pressures eroding financial viability.

There is a range of supply side interventions – reducing costs, improving efficiency, consolidating services. There are attempts to limit demand – through health improvement, treatment thresholds, varieties of rationing. There is the whole burgeoning apparatus of inspection, regulation and quality control designed to get the best out of a system already under strain. And running through it all is a research and innovation philosophy (isolate a single element and see whether we can improve it) evidently at odds with the reality of a complex human social system. If these are the brakes on a system heading towards the cliff edge, we must conclude that they are failing.

What these approaches miss, consistent with a dominant view of the human as machine, are the infinite resources that feed life and how to tap into them. The third part of the book describes examples of healthcare systems I have encountered
that are founded on a very different set of premises. That health is a product of healthy relationships, a quality of life held in common. That nobody can be healthy alone. That given the right conditions health is contagious and can spread like an infectious disease. And that who we are being as healthcare professionals is as important as what we are doing. These insights have provided the basis for my own evolving practice in recent years. They suggest to me a future patterning of hope.

Chapter 7 describes a healthcare system based on these insights and operating at scale – the ‘Nuka’ model of care in Alaska, which I have had the privilege to visit and learn from on a number of occasions. ‘Nuka’ is an Alaskan Native word for a strong and extensive living structure. Healthcare in this system is based on reconnecting people into this web of life. No less an authority than Don Berwick, a former health adviser to President Obama and a founder of the highly respected Institute for Healthcare Improvement, has declared that Nuka “is probably the leading example of healthcare redesign in the world. US healthcare suffers from high costs and low quality. This system has reversed that: the quality of care is the highest I have seen anywhere in the world, and the costs are highly sustainable. It’s extraordinary. It is surely leading healthcare to its new and proper destination.”

Having explored some of the features of this radically effective and affordable system of healthcare we can start to recognise aspects of this new pattern already occurring at small scale elsewhere, including around the UK. The success of these so far isolated experiments in enacting a new model encourages us to do more and makes it possible to imagine a radical renewal within the NHS such that it can provide once again a health system which is universal, free at the point of delivery and meeting contemporary patterns of illness as part of an integrated approach that sustains healthy, fulfilled lives at a fraction of the current cost.
The final chapters describe how this might be achieved. The transition already under way can be supported by a smarter policy landscape designed to encourage it. And practitioners at all levels in the system can start to grow – or in most cases to rediscover – this new culture of healthcare within their current practice.

None of this could have been written without the support of International Futures Forum. For over a decade IFF has been developing the conceptual and the practical tools to help people trying to make a difference in the world in the face of all that stands in the way of making a difference. The challenges facing healthcare systems have their parallels in many other modern institutions – education, criminal justice, banking, the media. IFF is clear that the crisis is cultural not technical, and that the level of thinking that led us into it is not going to be enough to get us out.

The book has been written for the general reader, but has particular messages for practitioners, policy makers and thought leaders in the field of healthcare. It is not intended to offer a grand solution to what is a complex web of interacting challenges, but rather to give legitimacy and authority to a new perspective that opens up largely unexplored territory in the debate about the future of healthcare in the UK and elsewhere around the world.

What lies ahead is not just an assimilation of this new thinking but a challenge for all of us to re-examine the assumptions that underpin our own practice. At present, whether as patients or professionals, we sit anxiously in the surgery while experts reveal the results of yet another battery of tests that show the healthcare system is in crisis. They offer a bewildering array of more or less aggressive technical interventions designed to hold the crisis at bay. Yet we sense the consultation needs to go deeper than that. We know the mechanistic mindset is now offering diminishing returns. We need to find a place again in the conversation for hope, meaning, purpose – and for Nuka.
This is a cultural transition. Former California State Senator John Vasconcellos suggests that what we therefore face is a double task. We must become “hospice workers for the dying culture and midwives for the new”. In my experience the hospice work is the more difficult part of this equation. Existing patterns of power, competence and authority are reluctant to make space for other ways of practising – however effective the results. At best, we can expect scepticism and resistance; at worst, active suppression.

But the results will speak for themselves. If there is one lesson from this book and from my own experience in recent years it is that human systems have the power to transform themselves and nothing short of a complete transformation will be enough to address the greatest health crisis of our times. I hope, dear reader, you will take courage from these tales of cultural change already happening in healthcare and be ready to play your part in co-creating its future.
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