



# Human Care

*How Universal Principles and Patterns  
Will Shape Our New Health Care Experience*

**By Mark Stelow**

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## INTRODUCTION

This document, like the future of health care, is a work in progress. This is not a new theory. This is a remembering of what we have always known about the fragile and sacred human condition. It is inspired by many great teachers, wisdom holders, collaborators, and advisors. I have assumed the modest role of trying to bring all of their intelligence into a kind of developing road map. This is not the final word on the possibilities of a new kind of health care, only a direction that reflects deeper aspirations. I am grateful to the important work done by John Fullerton in *Regenerative Capitalism*. His work served as a helpful reference and inspiration when authoring this document.

## EXECUTIVE SUMMARY

Health care is hurting. Fresh on the heels of a global pandemic that overwhelmed an already overwhelmed health care system, health care is experiencing a significant moral slump. After many decades of practice that focused on solving health care through automation, procedure, and administration, it is now clear that we cannot solely rely on tactical and top-down approaches if we want to rejuvenate the heart and soul of the health care experience. Health care is far too complex, and present and future challenges too great, for us to rely only on procedural thinking.

The ageing of the population, rise in chronic health conditions, growing mental health concerns, inequalities in access to care, exodus of health care workers from the profession, increasing costs and diminishing returns, the climate crisis and its health and existential risks, and the limitations of prescriptive-focused health care are some of the major signals that are inviting us to question the long-term viability of the current version of health care. We have created a system that is itself sick despite the good intentions of those who went into a helping profession.

***“The most important leverage point to change a system is to reimagine the paradigm, or belief system, out of which the system arises. The challenge is to imagine a new story with new goals, which is able to transcend the dominant story when it no longer works.”***

*-Donella Meadows, Environmentalist Scientist*

In response to this, there are many people around the world who are exploring new ways of practicing health care that puts people at the center of practice – this is what we call **Human Care**; an integrated view on health that empowers people and communities, generating lasting vitality for all.

Human Care does not reject health care. It seeks to build on the best of what we have created to date and elevate how we understand and practice the craft of being there for others in times of difficulty, while also supporting human thriving. It's equal parts health and human development.

So, what is *Human Care*? We began our exploration of it with integralism in mind. Integralism is a perspective that holds many perspectives at the same time. It honors that in the pursuit of deeper truths there are many layers of partial truths that make up the greater good. At the heart of integralism is the view of an evolving force in systems – all things expand towards greater maturity, complexity and coherence – like an acorn develops into an oak tree or a cell serves as the building blocks of our more complex bodies. Each iteration of an expanding form is also the expression of an inter-connected relationship with that which came before it. This holism holds

that everything in the universe is organized into systems whose interlinked parts work together in some larger process or pattern. You can see these patterns clearly in nature. **Universal principles and patterns of systemic health and development actually do exist and are known to guide behaviour across all living systems.** We believe that we can use integralism and the universal patterns of nature to inspire the next evolution in health care – the current version being one step along a developing continuum.

***“The one thing that you will have changed if you adopt an integral approach is your own awareness, your own consciousness, your own map of human possibilities, a map that dramatically expands from organic interventions to caring for a human being in all of their extraordinary richness.”***

*-Ken Wilber, Integral Philosopher*

The goal of this document is to contribute to our meta thinking about health care and, in so doing, address the wicked problems that continue to plague it. Ultimately, we want to create the greatest potential for people to feel and live well. Others will hopefully pick up on this work and expand on how we nurture a system that reflects these universal principles.

Some may find this exercise overly idealistic, too daunting, or may think that it does not go far enough in its re-imagining of health care. We believe that it is not an end in itself, but an ongoing process that can help us transition from the current practice of health care to one that is more deeply impactful and satisfying. This document is for anyone in the health care ecosystem who wants to cultivate a reflective instinct of why and how we practice the craft – leaders, practitioners and citizens alike.

## **EVOLVING TOWARDS HUMAN CARE**

Human Care is predicated on a single core idea:

***Health*** is our state of being of the world and ***care*** is how we honor that being alive matters in all of its expressions.

This idea informs 6 principles that underlie greater systemic health:

1. **The Resilient Capacity to Adapt and Heal** – Each one of us is hard-wired for well-being. The body’s natural instinct is to establish homeostasis. Cut the skin and it begins to mend. When we empower people through Human Care, we remind them of the magic of themselves and invite them to discover that they are their own best medicine.
2. **Views Health Integrally** – Health is not just about body weight or blood pressure. It needs a broader definition that extends to our interior and exterior lives. This includes our relationship to ourselves, to others, and to the systems that are shaped by and shape our experience. When any part of an ecosystem is out of balance, it has a cascading effect on the health of the whole. We need to broaden our awareness of the inter-related and rich web of life that nurtures well-being.
3. **Adaptive and Responsive** – Change is ever-present. The modern world is changing at an accelerated rate fueled by rapid technological advancement and existential threats to the

planet. Our capacity to respond and adapt to those changes are critical to our health. Historically, health care has assumed a slow, reactive, and transactional disposition towards change, conflating tactical challenges with adaptive ones and procedures with processes.

4. **Empowered People** – In the web of life, all the parts play a role in maintaining the fitness of the system. When people are empowered and their needs met, not only can they steward their well-being, but they can also contribute meaningfully to the health of the whole. The opposite of this healthy inter-play is fragmentation, isolation and feelings of helplessness.
5. **Honors Context** – Health is more than our biology. It is also the context in which we find ourselves. If we want to better understand what contributes to healthy people and systems, we must understand the complex interactions that arise through their environments.
6. **Seeks Balance** – While we strive to fix people’s ills, there are health care challenges that can be remedied and some that cannot. The antidote to the inevitability of human pain and death is reflected in how we care, and the quality of how we understand the ebb and flow of life. Compassion towards self and other helps to maintain the right balance between our desire to solve a problem and honoring the fragility of the human condition. When we acknowledge there is a person behind the problem, we draw from the well of our collective capacity to show up for each other conscientiously.

Human Care assumes a different outlook than traditional models of health care that are largely anchored in the reductionist focus of solving problems when they arise – sometimes referred to as “sick care”; an orientation that feeds turnstile health care as it frequently fails to explore the source of illness and the complex features of our lives that impact our health. Even the way we invest in insurance and public health plans suggests a defensive posture towards our health; we are literally banking on our future unwellness. Little of that investment is directed towards prevention and proactive well-being.

Human Care aims to create systems that can support human thriving, drawing on universal principles and patterns, with health as a fixture of our moment-to-moment experience. It is equal parts knowing – what works in easing pain – and being – what are the present moment conditions that nurture well-being and balance.

Human care is a move towards “well” care; it engineers itself for something approaching obsolescence of itself. It promotes a regenerative and preventative approach to care. Through this well care approach, we create more space to support the most vulnerable, anchored in a move towards greater population health.

Regenerative refers to a process by which one creates the conditions for optimal health across a person’s life. In regenerative farming one practices an approach to food production that seeks to rehabilitate and enhance the entire ecosystem of the farm by placing a heavy premium on soil health with attention also paid to water management, fertilizer use, and more <sup>1</sup>. Similar principles

can be applied to a person's ecosystem. Ensuring their financial, psychological, social and situational well-being means cultivating the soil of their lives. Preventative care is the precursor to regeneration as it sets the conditions by which the person's ecosystem can thrive; it prevents the need to be addressing avoidable health issues, which consume a great deal of the energetic resources in conventional health care. The soil, as it were, is prepared to foster the greatest and healthiest yield.

***“Oh, what a catastrophe for man when he cut himself off from the rhythms of the year, from the unison with the sun and the earth. Oh, what a catastrophe, what a maiming of love when it was made personal, merely personal feeling, taken away from the rising and setting of the sun, and cut off from the magical connection of the solstice and equinox. This is what is wrong with us. We are bleeding at the roots.”***

— D.H. Lawrence, *English Writer*

As we see it, today's greatest challenge is to address the root causes of health care's ills – today's mechanized view on the human experience that has reduced medicine to a collection of objective parts operating within a prescriptive system – by transitioning it to more person-centered Human Care that is anchored in humanistic values. Simply stated, if we want to achieve a health care experience that supports human thriving, we must bring the very best of our scientific knowledge and practice in alignment with the depth and breadth of our understanding of what contributes most to healing.

This is more than a philosophical or intellectual exercise. To bring people into alignment with deeper, Human Care focused principles, means to invite their fuller faculties of knowing and seeing – head, heart and hands all working in tandem to move us towards a more satisfying health care experience. These translate into:

- A deeper understanding of what contributes to healthier, developing humans;
- A unifying vision for what health care looks like in its fullest expression;
- The ability to transform that vision and those highest ideals into practical action.

The purpose of this paper is to outline and integrate what it will take to be true in our processes and achieve these ends. The hope is that this new vision for Human Care will help ease the suffering of today's health care and usher in the next stage in its evolution.

## **THE PAPER IS STRUCTURED AS FOLLOWS**

**SECTION 1: INTRODUCTION** – Begins with a summary of the current state of health care and the difficulties we are encountering. It discusses the need to shift from a mechanistic view of health care, dominated by a strictly medical paradigm and a singular focus on disease - moving people through a system like cogs in a vast machine - to a model of Human Care that builds from the best of what we have learned, while restoring the heart and soul of the health care experience – putting people first while honoring them within the larger whole.

It then introduces the core Human Care hypothesis: That the universal principles that operate across our experience can be applied to the design of health care, and that the purpose of a Human Care system is to contribute to human prosperity and thriving, while honoring the resilient, yet fragile human condition.

**SECTION 2: MAKING THE MOVE TO HUMAN CARE - SIX PRINCIPLES** – Explores the six principles that help move us towards Human Care. This is far from an exhaustive list, just a set of operating principles that are revealed in universal patterns of nature and can contribute to greater equilibrium in health care practice. They will help us re-consider the current-day version of health care.

**SECTION 3: HUMAN CARE IN PRACTICE** – Describes examples of Human Care practices that are already emerging in the real world. We draw on well established trends and intentional practice that reflect more progressive models of care.

**SECTION 4: WELCOMING THE NEXT STAGE IN HEALTH CARE'S EVOLUTION** – We conclude this paper with a set of recommendations and a call to action. This chapter will aim to answer the question: What can I and we do together that will enable us to rise to this occasion – thinking and acting anew?

## SECTION 1: INTRODUCTION

One encounters a range of problems across different health care systems globally. For the purposes of this paper, we will not go into the specifics of each of those systems. Our intention is to describe the wicked, meta problems that consistently emerge across health care, particularly in North America, regardless of the tactics and policies devised by different countries to address them. We are looking to explore the source problems that plague health care. This, under the pretense that when the problem is better understood, clearer solutions can emerge.

Sickness, illness and death are inevitable features of the human experience. Countless theories have been posited about how to alleviate or eliminate these features of the human condition. Let's consider that health care is one of those doctrines informed by a certain quality of thinking; a mindset and way of seeing the world dedicated, in principle, to minimizing pain and increasing quality of life.

The dominant worldview in modern day health care is that the universe can be reduced to a collection of "ITS" – objects that when carefully examined through a materialistic scientific lens will tell us everything we need to know. Modern day health care is dominated by a cartesian view of the universe – everything has a cause and subsequent effect. Knowing one, the other is revealed. This scientific method can be very effective when it comes to causal problems, but limited when it comes to more nuanced, complex problems, which tend to overwhelm health care practice and leave it puzzled about what to do next. Like the larger, rapidly changing world, health care is often faced with VUCA-like problems – they are Volatile, Uncertain, Complex and Ambiguous.

***"It is now recognized that we live in a VUCA world where the pace of change has increased, and so many of the "real-world" problems that we face are wicked. [...] If we insist on applying machine models to complex system problems, we are doomed to fail."***

*-David A. Petrie, MD*

We see this disorientation and volatility most notably in chronic care, mental health, preventative care, behavioural health, and other health scenarios that cannot be reduced to singular causes. We also experience this in how health care systems are structured - highly siloed, fractured, and discontinuous. The prevailing modern-day orientation is suitable for discrete, linear problems, and very ill suited for inter-woven, complex problems that befuddle those boxed-in systems.

***"Patients as living systems cannot be understood simply by understanding the parts, because in living systems the whole is greater than sum of its parts. Neither do patients operate independently for they are constantly influenced by, for example, family, community and culture. So we are talking now about two totally different entities, the one being static, and the other in constant change with its environment."***

*-Harri Raisio, University Lecturer*

The side effect of this reductionist way of thinking is that in turning all things into objects, it forgets that there are subjects involved in every health care experience – professionals and clients alike. The universal principles of nature reveal that you cannot extract consciousness out of the equation and hope to truly understand the range of parts that make up the whole – the



seer and the seen are intimately involved in a meaning making dance. In practical terms, it means that the experience, feelings, thoughts and sensations that are pervading the inner world of the person are directly impacting on their health care experience and subsequent outcomes. This is true across their relationships as well, whether they be intimate and personal, familial, with an employer, with actors in the health care system, or with society and culture at large. Health is at the intersection of where interior and exterior realities meet.

Because so much of health care was built on a singular reliance on materialistic science, scientists were charged with stewarding it. Health care workers possessed of scientific training were given the responsibility to guard the health of patients. We created centers of care where people would be seen by experts and told what they needed to do to feel better. Health care was centralized around places of scientific authority. At face value that seemed to make sense given the working hypothesis; health is about scientific evidence and health care professionals are the stewards of that science. The unintended side effect of this way of seeing the health care experience is that patients and the families that accompanied them were disempowered in that process – this wasn't a cooperative experience, it was an authoritarian one. Further, it reduced our health care experience to a collection of parts - a series of scans, tests and diagnoses - it was assumed that this sole reliance on an objectivist approach would turn the tide on people's health, helping them get clear on what to do next and ushering in an era of unbridled well-being. Evidence and science alone, we quickly learned, is not enough to undo our natural immunity to change, or to respond to the complex features of our lives. Our current version of health care has been great at describing the features of our experience – the what – but has struggled greatly at illuminating the why of our experience. It often describes through diagnosis, but rarely explains through deep examination.

Building on this authoritative model, we raised the value of health care institutions above communities and families. We extracted health out of the village and made it a discrete destination – a place of health care business. Community and family care was to be in service to these new hallowed institutions and not fully integrated across the health care continuum. We hedged our bets on an institutional model of top-down health care. Community became an after thought. Even the very personal experiences and stories about illness and injury shared by people impacted by a health issue and their family members were underwritten in this “health care system knows best” world. If you weren't an anointed pro, you were an uninformed victim of “Dr. Google”.

Over time, patients and caregivers, already seated further down the hierarchical totem pole, would be joined by health care professionals. They too lost their decision-making autonomy as administrators, policy makers and large corporations doubled down on a mechanized approach to health care spurred on, in some cases, by wicked incentives. The mechanistic view of the world became a massive matrix with confining rules and assembly line like medicine. Everyone began to feel dishonored, unseen, and unsafe in the process.

This is the world we have inhabited for some time in health care. It has contributed to the widespread feelings of disempowerment and the growing abandonment of a system that feels less than caring, person-agnostic, and procedural. The age of science and rationalism expressed through systemic and highly controlled health care could not satisfy our human need for

meaningful engagement, collaboration, human-centred care, and feelings of empowerment – all vital to health and well-being. We struggled to see the complex forest through the trees.

The move in modern health care towards value-based care, patient-centricity, complementary medicine, and other similar humanistic and holistic outlooks are all responses to this heavy handed, top-down, single-minded approach to health care. The practices point to the next stage in health care's own development. We'll talk more about some Human Care examples in Section 4.

To be clear: Human Care is not a move away from science; it's a move back to the true spirit of the practice of health care – a restoration of the heart, soul and depth of the craft that is more fully reflected in universal principles. These principles include the truths that emerge from scientific inquiry, wisdom traditions, and the simple observation of how things really are.

Human Care in its highest form is an investment in human thriving. It measures its success to the degree that it supports people to live better, fuller lives. It honors the fragile nature of the human experience and seeks to restore equilibrium in that experience. It views the person as part of a larger, ever-expanding ecosystem – from family, to community, to society, to planet - and aligns its values and organization around the universal principles that reveal themselves in this natural unfolding. It sees that through the health care experience there is an opportunity to discover something new, and through this creative, open inquiry we are spurred on to the further reaches of the possible. More than fixing, it is inspiring new ways of being in the world, which may also mean learning to adapt to challenging situations reflected in illness, disease, disability and death.

Human Care looks at health care through a developmental lens. It does not reduce health to a series of causes and effects. This developmental approach makes it possible honor that everyone is at a different stage of their development, which means that one size fits all health care could never be suitable in a developing world. Human Care engages a process of active, curious inquiry with the aim of supporting new choices where needed. A developmental approach holds procedures lightly – seeing them as means, not ends. It's a “meet me where I am” and “accompany me a long the path” way of thinking about health care. It speaks to a person in a way they can understand, looking integrally at the entirety of their ecosystem. People are supported in actualizing what they want and encouraged to explore the further reaches of their development.

## **SECTION 2: MAKING THE MOVE TO HUMAN CARE - SIX PRINCIPLES**

Most people facing vulnerable circumstances associated with a health issue want and need to feel cared for. They crave a human touch while seeking improvement to their current circumstances. Since the modern version of health care has failed to make this humanistic approach a standard of practice for clients and health professionals alike, the current version of health care fails to live up to its deepest potential.

Human Care would be a much more satisfying version of health care made possible by a quality of sense and meaning-making that considers the complexities associated with health and healing. A necessary step to usher in the next version of health care in the form of Human Care is to identify the operating principles that lead to and support widespread vitality.

My own personal and professional experience with health care, frequent gatherings of great minds on the subject, as well as my exploration of integral theory, developmental modeling, and ancient wisdom has led me to the following list of six key principles of Human Care:

1. The Resilient Capacity to Heal
2. Views Health Integrally
3. Adaptive and Responsive
4. Empowered People
5. Honors Context
6. Seeks Balance

Each of these principles contributes to the fostering of Human Care. Consistent with integral thinking, which asks us to think in terms of inter-dependent, emerging patterns, all six principles must be present, working together in an integrated whole. This is not a menu that we pick and choose from, but an overarching pattern of qualities and principles that feed into one another – overlap is to be expected. This is not an exhaustive list, and it can be presented in different ways. Let's explore each of them on their own while holding in mind their intimate relationship to the overarching experience of Human Care.

### **1. The Resilient Capacity to Heal**

Without any intervention on our part, a natural ecosystem will find homeostasis. The Galapagos Islands didn't require human intervention to achieve its beauty and balance. Long before humans proliferated on the planet, Earth established its own equilibrium.

In the process of advancing human interests, we have created an imbalance within our selves and through our relationship to the environment that sustains us. We have not adapted in consideration of the natural world, we have imposed ourselves on it. This discord with the world we inhabit has had a cascading effect on the state of our health – industrialized and highly processed food systems, poor air quality, polluted waterways, non renewable and extractive energy practices, and other environmental hazards are all feeding into the state of our unwellness and presenting a clear existential threat. Added to the environmental crisis are personal lifestyle habits associated with overeating, over stressing, over working and under moving. Interpersonally, we are becoming increasingly polarized and isolated. Socio-economically we are experiencing similar polarization as the wealth gap grows – an indicator of

the health of a population. All of these contribute to an ecosystem that is unable to heal itself because it sets the conditions for poor health.

Fortunately, human beings are endowed with great resilience; systems, through their natural functioning, have an inherent capacity to adapt and repair. While we move the needle into the red, natural systems strain to keep things in check. But every system has its limits. We are nearing the end of ours globally. Individually, many are suffering the outcomes of a human ecosystem that is out of balance evidenced by a rise in chronic illness and mental health issues, marginalization of vulnerable groups, large-scale addiction, increasing suicide rates in young people, and overflowing demand on health systems. Globally, we will all experience the health threatening effects of the climate crisis.

We need to begin to understand resilience as a dynamic concept. The concept of resilience was introduced in ecology in the 1970s and was used to explain how ecologically complex systems naturally adapt. This adaptation contributes to transforming instabilities into an alternative stable state. The system as a whole does not “bounce back”, it “moves forward”. It has adapted to changing circumstances. This outlook is particularly important for the advancement of Human Care.

The purpose of Human Care is to shift our focus from returning people to baseline and move them towards a new developmental precipice through which they see themselves and their lives differently. This new vantage point invites the possibility of new ways of being. If we are simply recreating the circumstances that fostered illness in the first place, then we are not reinforcing health, we are inviting future illness. This status quo version of health care often reinforces unhelpful health patterns. This does not preclude restoring people to stable states. It simply invites us to see those states as starting points for the further reaches of the possible.

Almedon and colleagues proposed the following definition of resilience most applicable to the health and health care context:

***Psychosocial resilience encompasses a dynamic multidimensional set of inner personal resources as well as external social and material assets/resources that individuals, families, and communities mobilize to mentally and emotionally embrace “turbulent” change and transformation while simultaneously maintaining routine functioning without loss of identity, integrity, or core purpose in life that defines them as who they are individually and collectively.<sup>ii</sup>***

What’s important to highlight in this definition is that resilience is a delicate balance of stable and changing forces and internal and external resources that a person draws on to promote a sense of equilibrium.

The temptation is to reduce resilience to some kind of fail safe that ensures that stresses on health care systems or people do not result in failures. In complex, adaptive systems, resilience is understood as a system property that grows from the relationships of a system's agents at all levels of organization allowing it to either maintain the current, helpful state or transform to a new, more adapted state. It is primed to “move forward” as a way of adaptation.

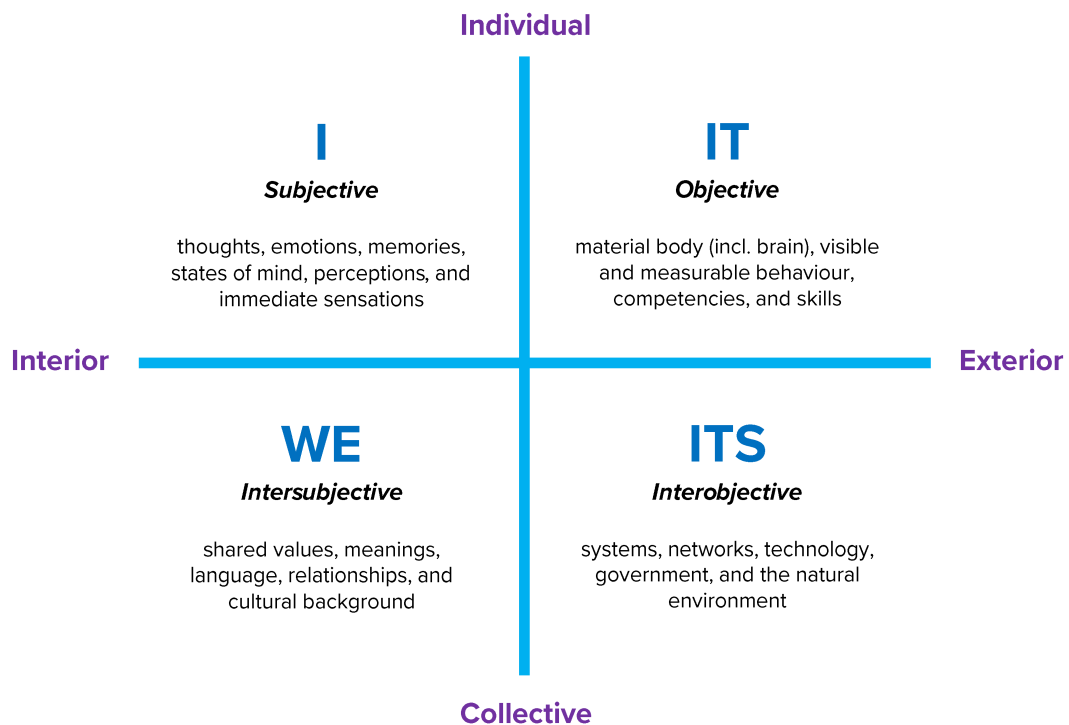
It would serve us individually and collectively if we re-aligned ourselves with the homeostatic nature of our bodies and environments, living in accord with ourselves and our surroundings instead of at odds with it. While we invent new ways of treating sickness, we must honor the healing properties that abound in natural systems, careful not to interfere with what nature does best – adaptively seek greater harmony and coherence. Our health interventions need to honor this regenerative process as well. If you are treating an ailment and inviting a whole new set of problems in the process, or masking a problem with the wrong kind of support, then the process is not aligned with sound developmental principles. We must consider a model of practice that hones homeostatic resilience and best equips people and the society at large to adapt to complex changes by moving forward.

## **2. Views Health Integrally**

We have briefly touched on integral principles over the course of this document. For those that are interested in going further down the integral rabbit hole, I encourage you to read the collected works of Ken Wilber. He has contributed most significantly to modern integral thinking. For those seeking source material, Sri Aurobindo's work is also a deep well for all things integralism and developmental principles. For the sake of this document, let's consider the core tenants of modern-day integralism and their relevance to the advancement of Human Care.

### **A. All quadrants, all levels (AQAL framework)**

As a metatheory, Integral theory attempts to hold space for a wide range of ideas and place them into a single framework. The Integral model holds together on 4 quadrants – interior/exterior and individual/collective which can accommodate various ways of understanding our experience and the arc of human development. Further broken down into their parts, those four quadrants are made up of ways we can look at the world. They include I, WE, IT and ITS or Subjective, Intersubjective, Objective and Interobjective respectively.



Let's explore these four ways of experiencing the world using the lens of Human Care.

***“I” – Subjective / Interior / Individual***

Our thoughts, emotions, memories, states of mind, perceptions, and immediate sensations all contribute to the formation of our sense of Self or “I” – sometimes called Ego. The sense and meaning maker in each one of us informs the stories we tell ourselves about the nature of reality. Those stories inform our health outlook and behaviours. The Ego is not a static experience. We know from evidence-based developmental theory that adults go through distinct stages of Ego development. That means that the meaning we make of our experience can evolve and change with time, moving towards increasing orders of maturity and complexity. Similarly, our development can be halted by traumatic experiences if left unattended to. The quality and depth of our interior lives is essential to our healthy development. As the stories we tell ourselves about reality expand, so too does our sense of responsibility to ourselves and others, all of which can contribute to healthier living and healing.

***“WE” – Intersubjective / Interior / Collective***

Our shared values, meanings, language, relationships and cultural context all influence our healthy development. We are relational beings. Much has been researched and written about the potency of our social connections in contributing to health and vitality. As much has been published about the negative impacts of isolation and exclusion. These relationships extend to those we form within families, communities and with actors in health care system. The language and culture of our lives can nourish well-being.

We see an example of this in Okinawa, Japan. Okinawa has become well known as the life nurturing capital of the world. Baked into the cultural meaning making of this Japanese island is a strong emphasis on purposeful living or *Ikigai*. This ideology shapes the individual and collective pursuit of happiness and has been correlated to longer life among island inhabitants. The community at large subscribes to a language of intentional living which engenders a culture of healthy living.

### ***“IT” – Objective / Exterior / Individual***

Conventional health care has been primarily preoccupied with an objectivist view of the world. This is the space dominated by rational, observable science, focusing on measurable states and behaviours. This is the world consumed with scans, tests and the skills that are employed to examine bodily systems with a view on seeking observable truths. It’s a vital part of the Human Care ecosystem. I would contend that too much of our health care looking has been reduced to this quadrant. We have lifted objectivity above all other truth-seeking pathways. It’s imperative that we help integrate the “IT” quadrant into the larger spectrum of people’s health experience. We see evidence of this in the move from a biomedical to a biopsychosocial model of health care which suggests that our environments, relationships and interior experiences all inform our health.

### ***“ITS” – Interobjective / Exterior / Collective***

The bottom right quadrant reflects the reality of systems in relation to each other; how do governments, health care systems technology and the natural environment contribute to the healthy development of human beings? Are systems organized in highly fractured ways or are they in alignment with the other quadrants and supporting the greater balance of our interior and exterior realities? How is our natural environment woven into our health care experience? This could be in how nature is integrated in our every day lives and in the construction of our health care centers, in the process of social prescribing people to reconnect with the natural world, or in the preservation of natural ecosystems that sustain us.

## **B. Nothing is 100% right or wrong**

Many theories exist that describe the nature of the human condition. The tendency in health care, as in many scientific endeavours, has been to assume an either/or disposition when it comes to these ideas. In defense of their position, they tend to be dismissive of one another. For example, staunch, evidence-based scientists couldn’t believe in the benefits of mindfulness until someone revealed its capacity to alter measurable brain states; meditation has proven to be an effective mindfulness practice to enhance mental states associated with relaxation. It was impossible to consider the truthfulness of the subjective benefits of mindfulness until the objectivist had their calculated proof. Until then, the scientist regarded mindfulness practice as a purely spiritual pursuit, lacking in measurable health benefits and at odds with evidence-based truths. Mindfulness is now a mainstream practice in many mental health care modalities and highly sought after by organizations as a resource for leadership development. This is one example among many of a style of thinking that makes claim to the truth, convinced that it is right and the other wrong.

Integralism holds that no one can ever be 100% right or wrong all of the time. The full spectrum of truth emerges across many expressions. It is our developmental responsibility to be able to hold many truths at the same time and extract what is helpful or unhelpful across the many systems of knowing and experiencing. This capacity to hold many truths at the same time is a hallmark of developmental maturity and the quality of inquiry we are advocating for in Human Care. This inclusive orientation is sometimes referred to as an “and/also” mindset contrasted to an “either/or” way of seeing. One is polarizing, the other is seeking deeper truths across a vast terrain of knowing. The great value in assuming an “and/also” outlook is in the deeper realization that a person’s health is evolving along a continuum. This is the hallmark of good science and good health practice; it is naturally curious and evolving.

### **C. All things evolve in a developmental process**

While integralism aims to hold space for many ways of knowing and being, it also holds that all things are evolving towards greater complexity and wholeness. Consider the natural evolution of atoms, to cells, to organs, to the formation of the human body as an intelligent biological ecosystem. We see this evolving nature across all living systems; it’s as apparent in your vegetable garden as it is in the forests of the Amazon.

There is a natural intelligence working across the universe that ushers all living things into new depths of possibility. This developmental process is marked by two immutable features:

- 1- Every move along the developmental spectrum involves higher orders of complexity and, in the case of humans, maturity; and
- 2- Each move upward necessarily transcends and includes what came before it. For example, tissues exist by virtue of the cells from which they are formed. The part as cell is fully integrated in the larger wholeness of the tissue.

It’s important to note that this developmental move upward does not reflect a moral high ground. It is not a hierarchy – neither oppressive nor domineering. It is a holarchy. Holarchy is a theory developed by Arthur Koestler in 1967 that described how natural systems are organized. He coined the term “holon” for an entity that was whole in and of itself and also part of a greater whole; a whole-part. He suggested that we are organized, in embedded or nested degrees of increasing complexity. Each whole becoming part of a greater, more complex whole. As letters make up words, and words make up paragraphs, and paragraphs make up pages, and pages make up books, so too are we organized psychologically, physically and socially in ever increasing complexity.<sup>iii</sup>

This developmental unfolding is an important tenant of Human Care because it suggests that humans have the capacity to grow into new ways of being in the world – we can shape new behaviours, grow into new mindsets, expand our social connections, and develop our sense of wonder. All of which can contribute to our flourishing and a shift in how we understand and move through our health experience. It also means that we need to be able to respond to people at different stages of that unfolding. It requires of us the flexibility to be more adaptive and responsive to how our bodies and minds are fairing in relation to the current developmental stage we find ourselves in.



### 3. Adaptive and Responsive

Anyone who has practiced health care or been at the receiving end of that practice knows very well that health care is heavily reliant on procedures. Meticulous training goes into establishing standards of practice with a view on supporting client safety and evidence-based approaches to care. In addition to the value of this standardized approach, there is also a tension that manifests in this type of single-minded rigor. The tension arises when one is ushered through a rote, seemingly callous system that treats you like a chart or a data set, rather than a person with hopes, dreams and concerns. The imminent and very real threat of a world solely reliant on protocols and procedures is that it sucks the life out of the person desiring to feel alive and well. This is true for practitioners and people impacted by a health problem alike. The moral burn out that is rampant in health care is in large part the outcome of a system that feels increasingly uncaring, inhibiting, and rote. Many people who have interacted with a health care system will describe the offensiveness experienced at the hands of a callous and calculating system. I remember a vivid example of this when I accompanied my wife at an appointment with her surgeon post-operation. She was describing severe and prolonged post-operative pain. The best he could muster in response to her plight: “I don’t deal in pain”. The line in the sand was painfully clear.

Procedures have great value when it comes to discrete problems. An X-ray technician doesn’t need to complexify a process of generating a brain scan. Let the machine and the procedure do the work. However, that same brain scan can’t tell us about the thoughts, memories and feelings that may be contributing to the patient’s state of overall health. It certainly tells us nothing about the larger ecosystem in which they live and play. A surgeon, like that in the example of wife’s operation, is well trained to open a person up and rejig the parts. Tell them a story about how that process made you feel, and they may lose the plot.

Stable processes are vital to the overall functioning of the system. The danger is when we try to impose that same discretion on complex processes, like understanding the nature of chronic illness, or making sense of how to improve hospital emergency departments, or understanding someone’s chronic pain and how it is negatively affecting their life. There are just too many interrelated features of complex systems that preclude a compartmentalized way of seeing.

The challenge is that we are not baking adaptation and responsiveness into the culture of health care. We are not training or encouraging people to hone the faculty of seeing things anew with freshness and clear judgment. It makes me think of a simple story shared by one of our People Before Patients advisors which adequately describes the contrast between procedure and the possibilities that emerge from adapted approaches to care:

*A man living with chronic pain and using opioids for his treatment was struggling with his pain management. A small group of consulting physicians discussed how they could help this person better manage their treatment regimen in keeping with standards of practice. One rogue physician thought to inquire into the nature of the person’s pain. Through active curiosity, it was discovered that his pain was arising from feelings of isolation and loneliness. Opioids were the wrong solve. During the inquiry, the man expressed his love for dogs. It became clear that the role of his physicians was to help him find a loving pet, and through that, help him address and*

*see the source of his real pain. The opioid as a conventional remedy for pain was actually masking the real problem.*

Nowhere in a physician's handbook does it talk about "dog as remedy for pain". It takes a certain curiosity to get to know what is really going on below the surface of complex problems. In Human Care one spends a great deal of time getting to know the nature of the problem. Through that deliberate inquiry, the solution begins to reveal itself.

Adaptation is a natural function. It reflects the innate capacity of all living things to adjust to their environment in a way that perpetuates and supports life. Maladaptive health care is care that seeks to force square pegs into round holes, or, worse, overlook the subtle edges of the lives of those who are struggling. Human Care elevates the importance of connections between people and focuses on nurturing deep, human relationships. It involves creating space for clinicians to cultivate a deeper understanding of a person's unique hopes, dreams, and fears and how those can take center stage in a meaningful health care experience. In the words of Dr. Zuban Damania, speaking of the next evolution in health care:

***"... we are evidence-empowered but never evidence-enslaved. We find a nerdy kind of joy in process improvement science that allows us to better achieve the outcomes that actually matter to our patients...Each member of the healthcare team supports one another while bringing their unique gifts to bear, and clinician-leaders guide our organizations with compassion and wisdom."***

Adaptation is a delicate dance between what is known and what is emerging or unknown. Through Human Care we seek to encourage both qualities of seeing – relying on the training and intelligence that can guide our examination, while inviting the courage and wisdom to inquire into what is not yet revealed.

#### **4. Empowered People**

A feeling of helplessness is perhaps the greatest ailment of them all. It's that feeling you get when you believe that the universe is conspiring against you or that you are powerless to affect change in a particular circumstance. Illness, disease, disability, and loss are all examples of common experiences that tend to trigger these types of feelings. These difficult health and mind states are often accompanied by a strong sense of vulnerability, made worse by an unknown and difficult to predict future.

Health care has often been regarded as the bastion of hope for those that find themselves in these difficult circumstances. We turn to the system to help us make sense of our experience and to remedy our ills. Unfortunately, not all problems have clear solutions and not all lives can be "perfectly" repaired. When we reduce health care to a process of fixing and solving, we invite a culture of disempowerment. We make health care a zero/sum game.

Human Care seeks to re-empower those moving through the health care system by shifting the purpose and orientation of health care towards a philosophy of caring. The healing properties of caring are experienced in their power to help us feel whole despite the difficulties and pressures that arise from the practicing the craft or needing health supports. Even when there is no clear or

immediate remedy, compassion, for example, is always inspiring on a healing path. It's free, potent, and universally welcomed.

***“Not every story has a happy ending, ... but the discoveries of science, the teachings of the heart, and the revelations of the soul all assure us that no human being is ever beyond redemption. The possibility of renewal exists so long as life exists. How to support that possibility in others and in ourselves is the ultimate question.”***

*-Gabor Mate, Physician, Addiction and Trauma Expert*

Not all problems have clear solutions. Not everything that we describe as “broken” can be “fixed”. When our feelings of self worth and the benchmark for our success is attached to this “you’re broke, we fix” paradigm, we are inadvertently creating the conditions in health care for a deep feeling of disempowerment. This is evidenced by the current state of things. The system itself is breaking under the weight of this charge. The hurt that this polarizing paradigm leaves in its wake is being felt by all. Let’s take the pandemic as an example.

Beyond the systemic challenges of the pandemic, what was strikingly difficult for both practitioners and people alike was the sheer scale and impact of the experience. People were getting sick and dying at an alarming rate. Many more with existing conditions could not get access to treatment as the system became overwhelmed by the demands of the virus. In a system that prides itself on solving ills, the pandemic was a real punch in the gut. Many practitioners saddled with impossible choices became burnt out by the moral failing of it all. This was made worse by a system that had little support in place to accompany health care professionals in the process of accepting losses and the grief that accompanies that feeling of helplessness. Many more people impacted by the virus, patients and families alike, were also bewildered by a system that felt strikingly inhumane; families estranged from loved ones in hospital and long-term care and seniors dying at an alarming rate in residences were among the well publicized stories of care falling victim to the virus. The pandemic made very clear that health care is a fragile system, lacking the adaptability and flexibility to respond in ambiguous circumstances. Apply enough pressure, or pull on a particular block, and it topples under the weight of its own rigid structure.

We can’t always win, but we can always show up fully. The business of life and death means we straddle a delicate balance in how we honor both. We create the conditions through which people can live fuller and more satisfying lives, and caringly accompany them when those lives are nearing their end. Wherever we find ourselves on the spectrum of care, we remember that it is a vocation of caring – “I care that you live and feel well”. If we were going to whittle the Hippocratic oath down to a single idea, that would be as simple a “why” as anyone would need to practice conscientiously.

Empowered people are those who have the liberty and the capacity to express and receive the best possible care under any circumstance. It removes barriers to accessing that care and it looks at each person through a valued lens of possibility. Human Care is as much about recognizing a person’s ills as it is about honoring and celebrating their capacity to rise up and feel better.

## **5. Honors Context**

Trying to extract a person from their context is like trying to grow a seed without supportive elements – for the seed to flourish it relies on the anchoring soil, and sun and water to form its roots. Its reach, growth, integrity and the value that it serves to others is a matter of its grounding and the quality of its surround.

There is also a soil to our lives. Each one of us grows in a context. Our families, communities, places of living and working, and our larger planet all sustain us. Sometimes they can contribute to making us feel sick – psychologically they may leave us with wounds, or physically they may be seeding illness and disease.

To honor a person's context means to simultaneously see the micro and macro realities beset upon them. There is no microscope that can adequately describe the richness of a person's life. When you look too closely at the loosened threads, you lose sight of the tapestry.

Health care has developed a disposition towards specialization – we approach health care the same way we would putting a house back together. We call in the plumber, the carpenter, the electrician and the plasterer to assemble the pieces, making the house functional again. We ask people to make sense of these moving parts often at the most vulnerable time in their lives. The same outlook that informs how we approach inorganic matter like a building structure, informs our way of treating the organic and curvaceous lives of people. The differences in those experiences are too numerous to list, but needless to say, no one's life can be reduced to a roll of pre-determined blueprints. Our lives are not that discrete, and they bleed well beyond the lines that color the conventional practice of health care.

Human Care re-instills a quality of seeing that moves seamlessly between larger and more immediate realities – it moves effortlessly between the micro and the macro. It reforms how health care professionals are trained to see. Specialists learn the craft of holding their work in a larger context and generalists can hold in mind the moving parts – the forest and the trees make up the ecology of how we care. That same quality of seeing shows up in how we practice with people – they too are invited to consider the ecosystem that sustains their health or is contributing to their unwellness. At the policy level, we increasingly devise ways that we can be socially organized to contribute to population health – young people are encouraged to get to know their interior lives and are taught to understand the value in healthy foods and food systems, social programs are strengthened to increase access to health supports, economic systems are created to benefit all, education is readily accessible, energy generating processes are regenerative – all of these and other human supporting policies are tied into what we understand as Human Care.

## **6. Seeks Balance**

When thinking of balance, let us consider the image of the see-saw. Two countervailing forces held in relation to each other by a fulcrum.

This metaphor describes the ups and downs of our lives quite appropriately. We tend to move in waving patterns, oscillating between better and worse, more or less, wellness and unwellness, love and fear, and other polarities that cha-cha throughout our experience. This, as the Hindus so

elegantly describe in their wisdom traditions, is the cosmic dance of all energetic systems. These polarities are what makes life itself possible – there is no creation without destruction. The perennial truth of opposing forces needs our attention if we are to talk about human suffering and health. A particular sense-making routine about these alternating forces forms the basis of the current version of health care and shapes the persistent tug-of-war it wages between healthy and unhealthy states. Let's explore this further.

The two ends of that see-sawing are relatively simple to understand in the current health care context. We understand these as being well on one side and being unwell on the other. Unwellness is characterized by a range of health issues, chronic or acute. The goal of the current system is to move the see saw in a more favorable health direction – this is what it understands as balance. Balance is understood as one being in a healthy state versus being in an unhealthy one. This is the conventional health care system's focal polarity. We could describe this more simply as an approach to health care that rests on an either/or mindset. It's us versus the illness. A battle for our lives. A fight against cancer. Survivors and dyers. Normal and abnormal. This is significant because the entire system's ethos rests on this either/or way of making sense of our experience, despite the fact that everything in nature is imbued with nuance and shades of color.

Building on the see-saw metaphor, in conventional health care, we understand the fulcrum as the health care system itself, the mediator between desired and undesired health states. The system sees itself as the catalyst that tips the balance in favor of the healthier side of things – the champion of the afflicted, the giver of hope. People turn to that system to literally and figuratively (for the sake of our see-sawing metaphor), elevate their health state. The two ends are occupied by the patient on one end, represented as the person who is unwell, and the health care professional on the other, represented as the "provider of health", with the system mediating between the two. It's interesting that we commonly use the language of "providing" care. It reinforces this notion of a transfer of an asset or the commodification of our health experience. Health is a provision like a canned good. Balance is restored when the wanting patient is "provided" treatment.

This has long been the operating metaphor for health care. This is also why conflict tends to naturally arise within health care systems. Patients and their "providers" are in a distanced relationship to one another, often built on power imbalances. One is trying to move or "cause" the other in order to "effect" a different health state. The health care practitioner is the heavier body in this analogy. Through the weight of their influence, they seek to lift the patient beyond their current state of dis-ease.

There are several problems with this operating metaphor. Firstly, when we set things at odds with each other, that are otherwise be in a complementary relationship, we are inviting conflict. Anytime one creates an opposing force, there is bound to be push back. This can come in subtle or more overt forms, from patient avoidance, to non-compliance, to mistrust, to outright withdrawal from the conventional system altogether. This dynamic can also invite a lack of empathy characterized by the inability to see the world through the eyes of the person in front of you. Most detrimental is that it places the person seeking help on the periphery of their own experience. It is, as we have previously described, deeply disempowering to feel like you are being propped in the air by an outside force. In that experience, most patients feel ungrounded and flailing through their health experience.

Let's talk about a different way of understanding the see-saw metaphor in the context of Human Care. In Human Care, we honor that people are always moving between different states of health. Today's feeling of unbridled energy is tomorrow's cough and cold. The joy of a good day living with Arthritis, is tomorrow's frustration of unexplained hand pain. Today's peace of mind is tomorrow's disturbing and unruly thoughts. In Human Care, we understand that the see-sawing of life is natural and expected. The function of Human Care is not to eliminate suffering, but to change how we caringly relate to it. We are inviting a different relationship to polarities. It's not a fight waged in the battlefield of either/or but a move towards and/also. This is the precursor to how we establish greater balance and reduce the intensity of the waving, without having to subscribe to the false belief that the ocean of our experience can be perfectly smoothed over by cause and effect thinking. And/also welcomes either/or when necessary. Either/or can be very valuable when the conditions surrounding our health are not ambiguous – the pathway is clear. And/also invites a more balanced response to ambiguous situations that require greater nuance, complex thinking, and an integral mindset.

In Human Care, the fulcrum is not the health care system as a stand-alone. The anchoring middle is occupied by inter-woven forces that co-conspire to keep the see saw in relative balance.



We can see from the above diagram that the fulcrum is not limited to the health care system. We are not building our health care ecosystem solely around centralized points of care. We understand health care as the fuller ecosystem of our lives. The health care system is one resource among others that contribute to greater equanimity. Human Care seeks balance by bringing those resources into greater coherence and alignment in such a way to ease the ebb and flow of our experience. Things still wave, but the waving is less intense and the person more able to navigate the current of their health experience. Human Care recognizes that health care is not strictly an ascent or descent, a fight we win or lose, a battle with cancer that one survives or is defeated by. Human Care honors the natural teeter-tottering in our experience and understands that balance is achieved not by swinging a pendulum and holding it propped up against its will, but rather by gently allowing it to have a healthy cadence and rhythm that honors the fullness and richness of our experience.

### **SECTION 3: HUMAN CARE IN PRACTICE**

We are seeing a shift in the health care consciousness spurred on by a pluralism of thinking that has broadened the lens through which we understand health and well-being. This, coupled with the noticeable shortcomings of our current health care system. As is often the case, suffering is a great impetus for change, even if it feels slow.

I want to highlight some examples of emerging models of practice that are a response to the current health care system's ills and a move towards Human Care.

#### *Value-Based Health Care*

For a long time, the benchmark for successful health care was in the delivery of services. We measured success by how many people were served – quantity trumped quality. Practitioners were paid (and still are in many parts of the world, including Canada) through a fee-for-service model. Deliver more, you get paid more regardless of outcomes. This system, with its emphasis on service, reinforced the strict importance of procedure and efficiency. If you're going to be good at delivering service, do it with the precision of a well-honed factory or assembly line.

Value-based health care invited a different outlook. It is focused on the experience of the person. Value-based health as a concept originated with the work of Michael Porter and Elizabeth Olmstead Teisberg in their book *Redefining Health Care*.

The core premise of value-based health care is that we shift our focus from rote delivery of services to an emphasis on what services would be of value to the person. Value here is defined as:

- 1- Meaningful to the person;
- 2- A good use of human and financial resources; and
- 3- Impactful and generating clinically significant outcomes relative to the resources invested.

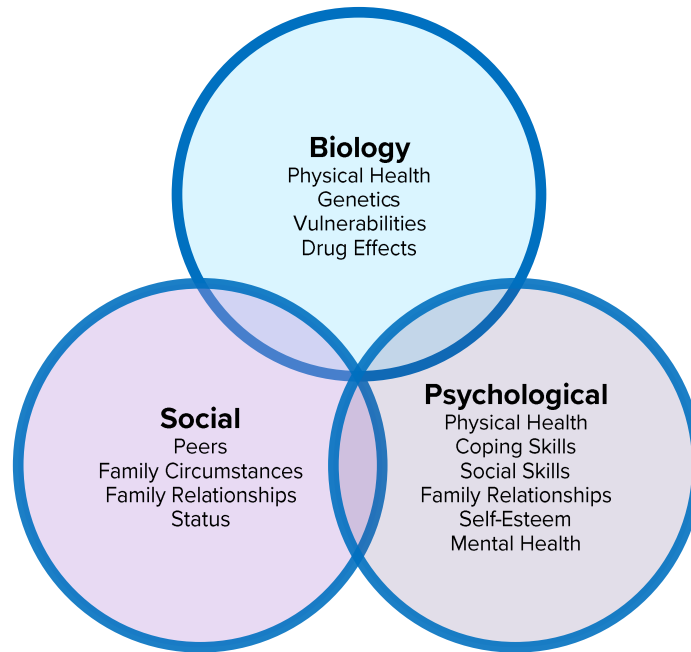
Value-based care's contribution to the move towards Human Care is most notable in how it recognizes that value must be defined by the person. It empowers people to describe what matters to them in their health experience. It's a move from prescribing to describing, as in, the person is self-stating what they want from their care and treatment. This is significant because it recognizes that there is a person behind the patient – an individual that has desires, hopes and dreams. These are the fuel that inform processes. The patient and health care professional work in tandem to make those wishes real.

Value-based health care is in its relative infancy and there is no clear consensus on its benefits and impact. Time will tell whether this approach to care is potent enough to change how systems value practice and people. Regardless of the outcome, it is intrinsically valuable because it strengthens the principle that in every health care interaction people always come before procedure.

#### *Biopsychosocial Model*

The Biopsychosocial model was first conceptualized by George Engel in 1977. In contrast to the medical model, the biopsychosocial model suggested that we cannot reduce a person's health to

biology alone. We must also consider the psychological and social contours of the person's life to have a clearer picture on what is actually going on.



This model is inter-disciplinary and involves exploring the many threads of a person's life that contribute to disease and development. It has been largely applied in the field of human psychology and championed by great minds like Dr. Gabor Mate.

The biopsychosocial model's contribution to Human Care is in its integralist orientation. It understands health as a complex and dynamic process, emerging from and flowing through many facets of our experience - material, psychological, situational and environmental.

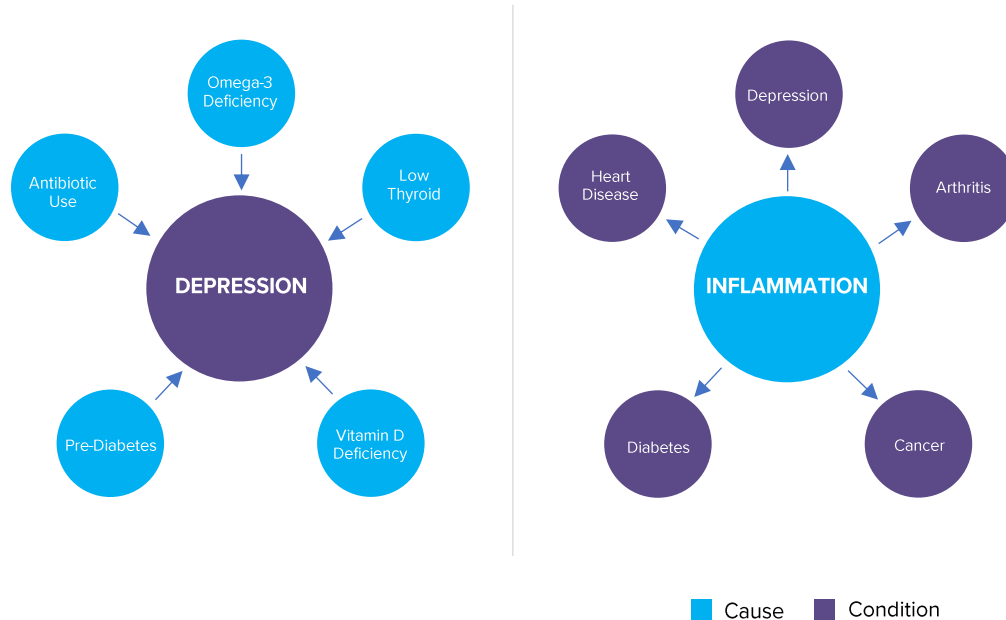
### *Functional Medicine*

Functional medicine is a progressive approach to care that focuses on identifying the root cause of disease. Rather than treating symptoms, functional medicine attempts to get to the heart of the many contributing factors influencing a person's health state.

In the graph below <sup>iv</sup>, we begin to understand that a diagnosis of depression, for example, can have many root causes – existing health issues, poor nutrition, and vitamin deficiencies can all be contributing factors. Simply prescribing an anti-depressant may treat the symptoms but ultimately is not clarifying why the person is experiencing a shift in mood. The treatment may be misaligned to the source of the problem. In the same diagram, we can understand how inflammation, a possible contributor to states of depression, can also trigger other health conditions.



## One Condition, Many Causes - One Cause, Many Conditions



Functional medicine relies on evolving research across many scientific disciplines from nutritional science, to epigenetics, to genomics. It is by definition more Human Care focused because it draws on many ways of thinking about a person's health state, rather than stubbornly clinging to one lens. In that sense, it is more integral than conventional medicine.

### *Social Prescribing*

Does this sound familiar? You go to see your doctor, they diagnosis your problem, hand you a prescription, and send you on your way. You're off to see the pharmacist. "Take two of these and call me in the morning" has achieved lore like status in the health care system. It's the prevailing and mainstream health care protocol.

Social prescribing is by its nature more holistic in its approach, leaning on a biopsychosocial paradigm. In social prescribing, a health care professional works with a person at exploring a range of nonclinical resources that addresses their interests, goals and talents. These are often local resources that are community or nature based.

These social referrals include encouraging people to become more attuned and engaged with natural settings, like going on a hike, or spending time on the water. Social prescribing can also include art classes, volunteering, support groups or any host of other activities that engage the person in reflective and highly participatory activities that align with their desires. Through this positive stimulation, the person reaps the natural psychological and physical benefits of being in touch with their larger supportive ecosystem.

Social prescribing is a very Human Care focused approach because it draws on the intrinsic power of people and nature to support healing and well-being. It aims to remove barriers to accessing support, prioritizing health equity and collaboration as ways of building individual and

collective capacity. It draws on what we know about the social determinants of health; the non-medical factors that influence health outcomes, reflected in the wider set of forces that shape our daily life and health states.

## SECTION 4: WELCOMING THE NEXT STAGE IN HEALTH CARE'S EVOLUTION

We believe Human Care is the natural next step in health evolution, bringing health care into alignment with ancient wisdom and our latest scientific understanding of how the universe actually works. We see expressions of these efforts growing, some of which were described in the previous section.

We believe Human Care – informed by practical experience, built around principles of systematic health, anchored in scientific rigor, grounded in ancient wisdom traditions, and a conscientious moral framework – can provide the foundation for the narrative we need to create a more fulfilling health care experience.

The centerpiece of this new health care story is that health is our state of being of the world and so it must follow that the systems that steward our health care experience must also be healthy, human-focused, and aligned with universal principles that promote equilibrium. **Health, in other words, is an outcome or by-product of a human system designs that follows these universal patterns.**

The following contrasting table describes how we can transform the current reductionist health care experience by adopting a Human Care outlook. When comparing current health care systems with a Human Care vision, we can begin to better understand this paradigm shift:

<b>Health Care (Reductionist)</b>	<b>Human Care (Integral)</b>
Focus on delivery of services and better health care with the goal of treatment, fixes and cures.	Focus on value, benefits, and supporting better lives with the goal of human prosperity.
Acts in a reactive way that tends to be highly siloed and dis-integrated missing the larger determinants of individual and system health.	Acts in a way that supports the long-term health of people and the whole society, with feedback loops designed into the system to ensure systemic health rather than treating the symptoms of ill health after the fact.
Highly specialized and hierarchical in its organization – prescriptive more than participatory. Some have it better than others.	Maximizes capacity of everyone by ensuring equitable access to care and empowerment of all stakeholders.
Values processes, procedures, and delivery of services. Only the presenting problem matters.	Values the long-term vitality of human beings, their needs and wants, and their functioning in the larger ecosystem. Context matters.
Creates systems that are purely tactical in nature – routines, strict protocols and adherence are the basis for practice. Protectionism and the safety of people are conflated.	Creates systems that can meet tactical and adaptive challenges as needed – flexibility, curiosity, and reflectivity are the cornerstones of practice.
Value is created when services are delivered.	Value is created when people experience deeper satisfaction and joy.

Care is hyper centralized and concentrated to specific locations.	Care is decentralized and is supported across an inter-woven ecosystem.
Technology is a surrogate for care, contributing to greater automation that negatively fragments the health care experience.	Technology is an enabler of deeper human touchpoints.
Describes problems through diagnosis.	Seeks to explain and understand the nature of a problem.

To make the move towards Human Care we need to expand our sense and meaning making around our understanding of health and the universal principles that sustain and support equanimity across our lives. How do we do that? What invites this evolutionary move and a shift in how we see and understand health and health care?

*Becoming aware of current operating principles*

If you want to know where you’re going, get to know where you are. It’s vital that we bake into the current health care system the reflective instinct to understand the current operating system – it’s benefits and challenges. This means cultivating a reflective disposition both in health care training and in organizational cultures built on mindful leadership.

Among the questions that can help support this reflective disposition include:

- How do we want to experience care?
- What are we moving towards?
- What do we want care to become?
- How am I contributing to making this possible?

These and other piercing questions need to be the cornerstone of all active inquiry and planning. This also means making sure that everyone involved shares in the universal principles and values that are guiding the reflective process.

*Invite ambiguity and wayfinding*

Wayfinding is the beautiful activity of wandering without coordinates or a destination. This is very antithetical to the forces that govern conventional health care which values predictability and goal-directed action.

There is no change without wander or wonder. One cannot discover the new if they are operating out of the old. How are you nurturing space in your life and in your organization for curious exploration that is not anchored in goal-directed tactics? New developmental frontiers are made possible by those who wander into the world of the unknown. This is not just the dominion of research and development, but the bedrock of meaningful practice that sets a growth-oriented intention.

### *Good things take time*

Nothing kills big developmental shifts that take time more than short political terms with their perfunctory and tactical plans. We need to consider any health care change through a long-term policy lens that can allow for co-operative change to happen over time. Health should not be the battlefield of warring political sides, particularly when the collateral damage are people's lives and livelihood. Policymakers may disagree on how to achieve a desired end, but they need to take the time to reach an agreement on what that collective end looks like and how we walk that path caringly.

Similarly, we need to allow for more space and time in health care practice. So many of our health care woes are behaviourally informed. They can turn our lives upside down. Practitioners and clients alike need the space to explore and make sense of the many layers of this layered and unfolding experience.

### *Technology in service to humans*

Technology is having a remarkable impact on health care practice. As we have seen with most technological leaps, there is also a price we pay for the overwhelming way technology shapes our lives and awareness of ourselves. The smartphone is literally altering our consciousness and how we experience the world, consuming an inordinate amount of our attention and energy. Access to everything and everyone all the time means that we are developing a deficit in our ability to unplug, unwind, and be present with our experience and each other.

Technology is a medium, not a fix all in the Human Care experience. It must be in service to our higher ideals. That includes how it is engineered to support greater self and other awareness. If, for example, you're building tech that distracts health care professionals from the craft of being there for their clients, then you're building a subtractive path to the future.

### *Create health care spaces that are warm, welcoming and support healing*

Most of us know the experience of health care settings that feel unhealthy - green walls, green gowns, green jello - all contributing to making us feel blue. Today's health care spaces often fail to provide what we most crave when we are going through a health problem. Something that calms us down and makes us feel safe and cared for. A clinical, sterile environment often overwhelms us - a constant reminder of sickness and a system that looks remarkably similar, no matter where you go.

Like the natural world, our surroundings can be a wonderful part of the healing process. It's vital that we create health care spaces that are not only functional but that nourish us with a sense of comfort and care. When we are connected to our environment, we forge deeper connections to ourselves and the people allied in our healing. When we feel like we belong, we are reminded that we matter.

### *Make empathy essential in care*

Empathy places illness and disability in a larger context. We begin to understand that we will all face health challenges in our lives, some sooner, some later. We can only create genuine

empathy if we are brave enough to get in touch with our own frailties, whether an individual or a system.

Being *with* someone who is experiencing a health challenge is very different than only being there *for* them. *With* means attending consciously to their needs and desires and then responding empathetically and through a spirit of mutuality. *For* is often a matter of procedure or process - moving through a set of guidelines that may or may not be serving that person. Empathy reflects our capacity to be fully present with someone and to honor in them the same hopes, aspirations and vulnerabilities we carry in ourselves.

*Honor the range of an individual's lived and felt experience*

Health care places great and esteemed value on experts and facts. But we are more than just re-layers of data points. We are human beings having an experience of illness. That felt sense is home to thoughts, emotions, stories, and histories that shape our sense of self. The wife who accompanies her husband for decades in later life has acquired a range of knowledge that is valuable in a different way from the years a doctor spends in medical school - each express unique but complementary expertise. Drawing on the lived and felt experiences of people supports a deeper understanding and captures the depth of seen and unseen realities. If we intend to create a more complete health care experience, we must honor the voice of everyone. Human Care is a chorus.

*Accompany people mindfully through health challenges*

Inevitably, we all come to know the experience of suffering; our own or the suffering of a loved one. It is a very real and shared human experience, like our shared hope to heal and feel well again. Being mindful of that truth means that accompanying someone in their suffering is a human experience. When we attend to the whole person thoughtfully through times of difficulty, not only do we honor them, but we also recognize our own vulnerability and our shared desire to feel safe and well.

When we care for someone mindfully not only is that person served by the quality of our attention, but the person providing the care is also served through the invitation to be fully present, bringing all of their creative and caring energy to bear in the moment.

*Empower people to engage in self-care as part of their journey to live well*

We often speak of prevention, despite being under invested in it in the practice of health care. In its simplest form, when we use the word prevention we are saying that staying well is also health care. We need to outgrow the idea that health care is a reaction to a problem and make well-being an essential facet of the Human Care continuum.

Embodying the practice of self-care is the greatest antidote to illness and the ultimate companion in recovery. When we invest in our own well-being, not only do we create an opportunity to thrive, but we also prepare our bodies and minds to respond to illness with greater resilience.

Making self-care a pillar of health care empowers people to cultivate a deeper sense of agency in their health experience. This is equally true for people impacted by a health issue and health care professionals. When we own our health care experience and cultivate practices that support well-being, we create a solid foundation that serves us across our lives.

*Recognize that health care is a collaborative experience*

When we treat people like patients, they will tend to behave that way. The same is true for health care professionals when they are treated like cogs in an uncaring machine - many become withdrawn, feel demoralized, and stop seeing themselves as inspired resources for bettering health care.

When we make health care a collaborative experience, we empower people to be part of a process rather than an outcome of a prescriptive system that is resistant to change. We take the time to build on our collective capacity. That opens many caring pathways.

## **SOME FINAL THOUGHTS**

***“As human beings, we are not problems waiting to be solved, but potential waiting to unfold.”***

*-Frédéric Laloux, Business Coach and Author*

The purpose of this paper is to be a rallying point for the next evolution in our health care experience. We have the choice to continue on our current path or to create a more satisfying version of health care. We're due for a paradigm shift.

*Imagine this: You walk into a glass paned hospital building, surrounded by a beautiful nature scape. It's like something from a Frank Lloyd Wright build – the inner and outer spaces blend seamlessly into one another. A caring face meets you in the lobby, ensuring you feel safe. They're like a welcoming blanket. Passerbyers say hello and greet you with a gentle smile. You have the sense that the people here are content and supportive. Something good happens here. When you arrive at your appointment, the receptionist greets you with authentic care and concern. You feel valued. There's no waiting room. There is a dedicated space, however. That space is filled with beautifully framed art, gentle music and supportive resources to ease your mind. Others seeking calm are wandering the hospital's surrounding gardens. There are spaces everywhere to connect or to simply be quiet and mindful. Mealtime is the promise of real food much of which is grown on hospital grounds. Food culture is healing culture in this space. Your doctor takes the time to listen to you, attentively exploring your health needs. Your hopes and dreams, your wants and wishes all matter here. You don't feel rushed. Together, and with a larger committed team, you work on a plan to feel and live better - a plan that involves your family and community and the larger context in which you work and play. You know that once you leave this space, the world beyond the hospital will be equally supportive and a safe*

*harbour. The hospital is a sanctuary of healing, and it thrives through its connection to a larger ecosystem of support.*

I wonder if like me you half giggle as you read the above – sounds like Xanadu. It's both ironic and frightening that what we typically attribute to practices that nurture well-being are largely absent from most of health care spaces. That, unfortunately, is a testament to how far we have drifted from a health care experience that supports well-being. The current system is a shadow of what is possible when we create healthy ecosystems that lighten up people's worlds.

Abraham Maslow said that when all you have is a hammer, every problem looks like a nail. The current version of health care often feels like a blunt object – a solution in search of a problem. It's time for us to dedicate the energetic resources to get clear on what are the core principles that are shaping today's version of health care, and what emerging principles can transport us into the further reaches of Human Care. Health care is not just about problem solving, it's about bettering our lives.

Whether you are practicing the craft of health care or someone interacting with the health care system, I invite you to ask yourself what you want now and into the future. What kind of health care experience would be deeply satisfying? As those answers become clear, I encourage you to use your influence, skills, and talents to support a developmental leap towards Human Care. I am certain that no matter what answers arise from your inquiry, one truth will necessarily emerge: You want to feel like you matter. When it comes to Human Care, you do, always.

I hope that this document inspires the reader to re-imagine what is possible when we get clear on what we truly want from a caring experience.



## END NOTES

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<sup>i</sup> <https://www.climaterealityproject.org/blog/what-regenerative-agriculture>

<sup>ii</sup> Resilience for health—an emergent property of the “health systems as a whole”

<sup>iii</sup> <http://www.onesky.ca/holarchy/>

<sup>iv</sup> <https://www.ifm.org/functional-medicine/what-is-functional-medicine/>