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| <p>To Cite: Jiwa M. From the Editor: Small changes, big impact carried us through 2020. <i>JHD</i>. 2020;5(3):300–302.</p> <p>Corresponding Author: Dr Moyez Jiwa Melbourne, VIC, Australia editor@journalofhealthdesign.com</p> <p>Copyright: © 2020 The Authors. Published by Archetype Health Pty Ltd.. This is an open access article under the CC BY-NC-ND 4.0 license.</p> | <p>SUMMARY In 2020, health care has had to pivot dramatically to keep up with the needs of people who as recently as February could simply make an appointment to see any clinician. This year we paused to consider the value medicine adds in people's lives. There are many conclusions, but for me COVID-19 and its aftermath are about the basics. 2020 has been the year mankind has demonstrated resilience, hope, and courage.</p> <p>Key Words Health design, art of doctoring, patient consultation, doctor-patient relationship, patient advocacy</p> |
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INTRODUCTION

It has been a privilege to lead *The JHD* through another year. The watch words in this momentous year in the US and by corollary much of the Western world were advocacy and agency. Whatever is wrong with our health care systems, they will not be redesigned by elected politicians without burning an enormous amount of political capital. Therefore, those best placed to get the most from our broken systems are those who seek the support of health professionals—the patients and their advocates. In addition, it is likely that clinicians themselves will exercise agency that will ultimately change the experience for patients. Our Health Design podcasts guests and especially those who have responded to the new opportunity to connect in our *Two-Minute-Question* series¹ have shown us how health care can pivot even in small ways so that encounters with doctors are a better experience for all concerned. Small change is feasible, small change is practical, and small change is powerful.

In 2020, notwithstanding the enormous pain and anxiety we have all endured from a global pandemic, people have been generous with their time and their willingness to share. We have seen that in every aspect of our lives: in the thoughtful acts of neighbours who check in on each other to make sure everyone has what they need; and in the willingness to innovate and adopt new ways of doing business, and new ways of sharing, teaching, and learning. These attitudes acknowledge that we cannot do without one another. Differences of opinion make for interesting conversations, but in the end it is our community that makes the world a place where we can all be safe and well. We have learned what was always apparent—namely, that if my neighbor is sick, my neighbourhood is sick, and I cannot assume that that illness won't impact me personally. I don't know many people in the COVID-19 “hot-spot” zones who didn't have to queue up to be tested and who didn't experience the inconvenience if not the tragedy that followed in the wake of infection.

Health care has had to pivot dramatically to keep up with the needs of people who as recently as February could simply make an appointment to see any clinician. In many cases those doors were closed or restricted. At the same time telemedicine opened a new path to health practitioners. It was an innovation that was adopted and embraced much more widely than it might have been in any other circumstances. It served those for whom nothing else was possible. It worked, but it also taught us why the traditional face-to-face meeting is so much more powerful. For me as a clinician telemedicine is like “playing tennis in a pair of snow boots”. Fine if it’s snowing, but thankfully that’s not the case every day. This year we paused to consider the value medicine adds in people’s lives. There are many conclusions, but for me COVID-19 and its aftermath are about the basics. While we hope that a tested and safe vaccine will soon be available, it is relatively cheap innovations that have been deployed to keep us safe and well. We know that the wait for elective surgeries has been prolonged, but for those on insulin and other treatments such staples of medicine have been indispensable. At the same time, we have come to realise that many of the choices we make every day have an impact on our physical and mental health. Many people will emerge from pandemic isolation much heavier and with many of the effects of poor choices when restricted to a home environment. We will need to rethink our relationship with junk food, alcohol, being constantly on call to an employer, and endless television viewing.

At *The JHD* we have engaged with people who have so much to offer as we emerge from this pandemic or revisit how we will cope with another year of the same. Small change, big difference, better health by design. What do we need to do to change the outcomes for the millions of people infected by COVID-19 or the countless millions who may yet be infected? 2020 has been the year mankind has demonstrated resilience, hope, and courage. That has been reflected in so many conversations and interactions at *The JHD*. It is in these thoughtful and inspiring exchanges that I find the energy to lead the journal into another year when I feel sure, as has been demonstrated by the majority of people in the world, we will go on to thrive and prosper. Together we are strong. Health care is affordable because there is a cost to us all for those who would be denied it. Not on our watch and not in our name.

In this issue we bring you “Widening the lens: Clinical perspectives on design thinking for public health”, an editorial that discuss how opportunities for innovation, ingenuity, and system reengineering have emerged the COVID-19 pandemic. The authors argue the next big investment in health care should be intentional and embedded partnerships between clinicians, designers, and architects who can collaborate to help solve health care’s greatest challenges.

In many countries the pandemic has caused controversy about wearing face masks. Proponents consider them essential for public health and for preventing community spread. Opponents consider any mask mandate a violation of their civil and constitutional rights. In “Why the effectiveness of a face mask is not limited to infection control”, the authors consider the adoption of masks in the context of being a trigger for behaviour change. They argue, “The effectiveness of the mandated use of face masks during the COVID-19 pandemic may have benefits beyond the simple preventative effects—it could be the measure that turns the tide in a pandemic that looks

set to reverse the benefits of a previous lockdown in this state [Victoria].”

“Early onset sepsis risk calculator: Application in an outer metropolitan hospital” is a research paper about a retrospective study at an outer metropolitan hospital in Melbourne that compared EOscal clinical recommendations based on neonatal early onset sepsis (EOS) predictors and the infant’s clinical presentation with actual treatment decided upon and administered by treating clinicians. EOscal is an evidence-based tool developed in California in 2016 to guide management decisions for newborns suspected of EOS. The authors found that using the EOscal would result in potential benefits such as a reduction in the number of neonatal investigations performed and in neonatal antibiotic administration, and decreased separation of newborns from their mothers.

“Co-design of a supportive movement/dance program with Body Brave for individuals affected by eating disorders” is a research paper about a co-designed prototype for a movement dance program for people suffering from eating disorders. The Holistic Movement Exploration program has potential to transfer to other community-based support services.

At *The Journal of Health Design*, we’re committed to publishing, sharing, and promoting what healthcare practitioners, patients, designers, architects, and other innovators are doing to improve the delivery of health care despite constraints. [The Health Design Podcast](#) continues to feature thought leaders, practitioners, and recipients of health care doing exciting things and who have inspiring stories to tell.

Contact us at editor@journalofhealthdesign.com to recommend a podcast guest or to share information about someone doing great work to improve the patient experience and health outcomes. Remain engaged, keep reading, and let us know how we’re doing.

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References

1. The Journal of Health Design. Two-Minute Question Series. <https://www.journalofhealthdesign.com/JHD/videos>. 2020.