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Corresponding Author:

Moyez Jiwa
Melbourne, VIC
Australia
moyez.jiwa@nd.edu.au

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SUMMARY

Worldwide, 2018 has been a difficult year in health care. Even so, this year *The JHD* has brought to your attention many individuals who are driven by a determination to change what they can, however small, even when the only tool at their disposal is how they interact with patients. Many innovations that might change outcomes are not like a tablet that you swallow three times a day. Healthcare problems need to be framed within the context in which people experience ill health. What's needed are creative, inspired approaches that stem from the insight of supporting people in distress. We look forward to hearing from you in 2019.

Key Words

Health care; patient experience design; innovation

INTRODUCTION

As we approach the end of 2018 we might agree that it has been another difficult year in health care. In the United States (US) there is ongoing debate on how health care is funded. At the same time it has been confirmed that in the US, where expenditure on health care is highest, life expectancy for people *under 65* years of age is falling.¹ Across the Atlantic the United Kingdom (UK) is still grappling with the gloomy implications of Brexit and the consequences of driving healthcare practitioners away for political reasons.² Meanwhile in the southern hemisphere the headlines were dominated by yet another change of prime minister and the sobering news that more than half the Australian adult population is either overweight or obese. According to the Australian Institute of Health and Welfare, 6 percent of future disease burden could be avoided if spiraling rates of overweight and obesity were halted, and 14 percent of future disease burden could be avoided if the population at risk reduced their body mass index by 1 and these rates were maintained.³ The report card for healthcare globally as we approach the end of 2018 says, “Could do better”.

Politically driven changes in policy are unlikely to improve healthcare outcomes. These challenges have been anticipated for decades. The root of many problems we now face are a direct result of choices people are making for themselves. And yet in April researchers writing in the *Medical Journal of Australia* suggest that doctors prescribe exercise: “*The benefits of physical activity for the prevention and treatment of many chronic diseases is well established. For some chronic conditions, structured exercise interventions are at least as effective as drug therapy*”.⁴ If only it were that simple. Exercise, like a balanced and nutritionally healthy meal, is a choice. In order to make that choice people need to be triggered to act when they are both motivated and able to make such choices. Exercise is not like a tablet that you swallow three times a day, and unlike pills, exercise has beneficial side effects. The subtext is that healthcare practitioners are somehow responsible for our expanding waist lines because they are failing to “prescribe”.

We might agree on one thing; namely, that the future of health care can be reshaped by those who deliver services every day working in association with those who access those services. In a number of papers published this year we have seen the possibilities of co-design. Instead of framing the “patient” as the “problem”, we can craft services taking into account how the patient experiences ill health and what they find helpful in the attempts to improve outcomes. The partnership cannot be taken for granted as health care has

always operated as if the “expert” was driving the bus and the “patient” was a passenger who can’t be trusted because they don’t understand the rules of the road. We have seen increasingly from reports in *The Journal of Health Design* that such a view limits the scope for progress. I particularly enjoyed the paper, “‘Slow co-production’ for deeper patient involvement in health care”, by Miles et al, in which authors from the London School of Hygiene and Tropical Medicine report on slow co-production where teams work with patients on every stage of the research project.⁵ Such research is often led by people with a backstory that drives them to innovate. This was apparent in the series of podcasts published this year when I asked every guest the same question: *What is your personal interest in improving the patient experience in health care?* The answers were often inspiring, sometimes informative, but always encouraging. Perhaps the best response was from Agnes Black, Director, Health Service & Clinical Research and Knowledge Translation at Providence Health Care in Vancouver, BC, Canada. She spoke about visiting her mother in the hospital when she was eight years old and recalling how that impacted on the family because of the restrictive visiting policies of the hospital that separated their mother from her daughters for eight months.⁶ This later led Agnes to advocate for a much more family-friendly environment for the patients in the organization that she leads.

While we have had cause for concern for the state of health care almost everywhere in the world, *The JHD* has brought to our attention many individuals who remain committed to improving outcomes. Such individuals are driven by a determination to change what they can, however minor, even when the only tool at their disposal is how they interact with the patient. I was inspired by my conversation with Dr. David Rakel, Professor and Chair of the Department of Family and Community Medicine at the University of New Mexico in Albuquerque, New Mexico. Dr. Rakel spoke about a patient whose symptoms were a feature of the troubled context in which she was experiencing ill health.⁷ The value of that information for everyone who experiences symptoms was strongly underlined in the story that he related in the podcast interview. It wasn’t a matter of being quaint and old fashioned, but rather the quickest way to establish a diagnosis and treatment.

As we close out this year, we would like to thank Joanna Goodrich, who steered our partnership with The Point of Care Foundation (PoCF), and brought us many contributors to our special editions this year. The Point of Care Foundation is a pioneer and world leader in patient engagement and co-design. Thank you to PoCF for partnering with us. As well, we would like to thank our network of reviewers whose critical reviews and feedback helped authors improve their papers; all of the authors who published with us; and the members of our editorial board for their continued support.

And as we look ahead to 2019, *The JHD* looks forward to hearing from you again as we continue the job of developing a forum for those who are committed to better health by design.

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